## 00-1 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2/ 20 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. injury, ar ather traumatic event, th TTENDING PHYSICIAN: The etained by the haspital ar attending physician. IMPORTANT: If them 21 is marked or them 18 sh

STATE OF MARYLAND

DED A DESIGNATION OF HE A PER AND ARCHEST AN INCHEST

1	- STATE REGISTRAR			ICATE OF DEATH	8 6	10.	5 9	38
	ECEASED NAMEERSL	MIDDLE	ı	AST	20 DATE OF DEATH	-	AY YEAR	26 HOUR
	ADAMS				6 15	86		1149 M
3 SE	MALE	RACE 5.1	MONTH	DF BIRTH DAY YEAR	6 AGE (IN YEARS LAST E		UNTHS DATS	IF UNDER 24 HRS
CH	EMBRIDGE, MD.	II S W	ARRIEI	D DIVORCED	BALTIMO	RE CO	UNTY	MD
-	TOWSON  JAL RESIDENCE HE NURSING HOME OR OT	. NAME OF HOSPITAL, NURSING H  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI  ST JOSEPH H  HER INSTITUTION GIVE RESIDENCE BEFORE ADM	ESS)		170 USUAL OCCUPA (TYPE OF WORK FOR MOST			G. G. YE.
13a	STATE 136 COUNTY  MD BALT  ATHER'S NAME		ARS	13d. INSIDE CITY LIMITS?  YES NO NO			RD.	162
)	CHARLES &	ADAMS -	52.	BEIZTH	7 Si	_	HETE	man
16a '		166 SOCIAL SECURITY 212-05-		17 INFORMANT	FAMILY		OIZDS	•
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	10-111	Q	An (	ares	7	BETWEEN O	IMATE INTERVAL OM6ET AND DEATH
MOIL	PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO DEAT		39		1 15		
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	KAIIO	N WAS PERFORMED	PERFORMED 204 AUTOPSY? 206. IF YES, WERE FINDS IN CERTIFY ING CAUSES YES NO			
	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN.	IURY IN ITEM 18 PA	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM	ETC )	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE
	22a I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did nat) v	) attended the deceased from		nd that in (my) (aur) apinian a	, ta death accurred on the			that (I) (we) last causes stated
	226 SIGNATURE			DEGREE			22c. DATE	SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 236 DATE

234. NAME OF CEMETERY OR CREMATORY

23d LOCATION

RAS STREGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

CHAPEL OF MEMORIES, PAPKVILLE 250-DATE REGIST 24 FUNERAL DIRECTOR

I Lo at h hot wall

DIVISION OF VITAL RECORDS, 201 W. PRESTON 57., BALTIMORE, MARYLAND X1201	) -
ATTENDING PHYSICIAN The low regulars that the sheet controlled in the 12 has been shell Fore a man be considered by the controlled or otherwise and the contro	10
opposed to considering programming the film and additional and complete Allies or the constitution of the	2
Co use as the buriol-transit permit Their please central excitation appears. Pogget and 2 spalled by that will be made within a central excitation and a spalled by the control to the con	9

295	1 -	STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	8 6 REG. NO.	15939			
	YPI	CEASED NAME FIRST		HOY	20. DATE OF DEATH MO	6 19 86 10:00pm			
( B )	3. SE	x Male	White	March 4, 1899	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DATE HOURS MIN.			
135	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  Mar yland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		re County, Md. AD			
638	T	owson	St. Joseph's H	ospital	TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FO				
133	13a. S	Id. 13b co	or other institution, give residence before unity list city or tow Baltime	ore   13d Inside City Limits?		ona Ave., Balto.			
13/130	1		eph Ady	15 MOTHER'S MAIDEN NA Elizabeth	C. I	Buckley LAST			
Pod on the Pod of the		Yes	WWI 215-03-	8978A Elizabeth	ADDRESS B. Maldonad	21157 Ro o, 3750 Turkeyfoo ster, Mappoximate interval betimen onset and peath			
Son physics Son son physics removal	730	PART I. DEATH WAS CAU	only one couse per line for (a). (b) on ISED BY: Sepsis	d (c)	io, webuilling	BETWEEN ONSET AND DEATH			
nd by the ortendic deate cemare conf rial, cremation, or or other traumatic		Conditions, il ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUI	ence of					
been signi mit Their p prior to but ony mony	CERTIFICATION	PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20	ON GIVEN IN PART 1 0  16. IF YES, WERE FINDINGS USED  17. CERTIFYING CAUSES OF DEATH?			
Afronsit per Afronsit per tol Hygiene		7)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D.	AY YEAR	YES NO RED (ENTER NATURE OF INJURY IN	YES NO			
ter this cer is the burio hond Meni rke Lo	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIL  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
for use of Health		sow the deceased alive	spital) attended the deceased from_ on19 not view the body after death.	3 6 , and that in (my) (aftr) apinion	to death occurred on the date	. 19			
detoched ote Dept.		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY							
should be with the St		RUPA		7620 York	Road, Towso	n, Maryland 21204			
F 3 3		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Ignatius Cath. Ch.	23d LOCATION CITY OF TOWN Cem Hicko	ory Harf. Co.Md.			
- 16 60M 7/B4 RA 15, 4)	24 F	emmon-Mitch	1 11/1 -	0 W. Padonia Rd.	E PECID BY PECISTPAPIASE	DECISTRADIC CICNIATURE			

STATE OF MARYLAND

the company of the contract of

Richard Company of the Company of th

MODEL OF THE PARTY OF THE PARTY

FOR - STATE REGISTRAR . DECEASED NAME (TYPE OR PRINT)

FEMALE

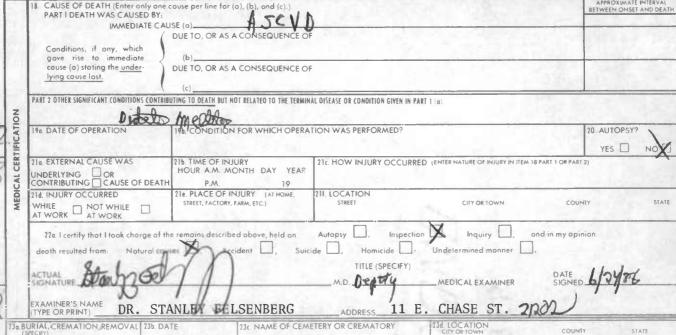
BIRTHPLACE (STATE OR KENTCUK I CITY OR TOWN OF DEA BALTO UAL RESIDENCE (IF IN NU KENTUCKY 14 FATHER'S NAME

ROBERT

160. WAS DECEASED EVER (YES, NO, OR UNKNOWN)

4 RACE

		DEPARTMENT OF HEALTH	MARYLAND H AND MENTAL HYGIEN CERTIFICATE OF DE	0 3/04	9 4 0				
FIRST		MIDDLE	LAST	20. DATE KNOWN N MONTH	DAY YEAR 76. HOUR				
MARI	E	B. ALI	LEN	OF ESTI-	24 1984 1138 M				
WHITE OR	S. DATE OF BIRTH MONTH DAY OCT. 6,1  76. CITIZEN OF WH	L917 68 YRS.  HAT COUNTRY?  8. MARR	RIED NEVER MARRIED	PRONOUNCED JUNE 24  9. BALTIMORE CITY OR COUNT	TY OF DEATH				
DEATH	11. NAME OF HOSP	PITAL, NURSING HOME, OR OTH CRITY, GIVE STREET ADDRESS) JRNT EMBER CT. 2	FOR	BALTO COUNT SUAL OCCUPATION (TYPE OF WORK R MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY AT HOME				
	Table INTY 136. CITY OR TOWN 136. CITY OR TOWN 126 DUISVILLE 136. INSIDE (IIY LIMITS? YES \( NS \text{ NS \tex								
	MIDDLE	BRISCOE	15. MOTHER'S MAIDEN NAME IDA	MAE MAE	ASHBROOK				
VER IN U.S. ARA (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO. 403-28-4841		RS. CHARLES STEI ber Ct. Balto.,					
IMMEDIAT if ony, which to immediate tring the under- ost.	TE CAUSE (o).  DUE TO, OR  (b).  DUE TO, OR  (c).	AS A CONSEQUENCE OF			APPRÖXIMATE INTERVÁL BETWEEN ONSET AND DEATH				
ICANT CONDITIONS	CONTRIBUTING TO DEATH !	BUT NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PART 1 (a).						
PERATION	In each	TION FOR WHICH OPERATION V	WAS PERFORMED?		20 AUTOPSY? YES NO				



(VR A15 ME (5))

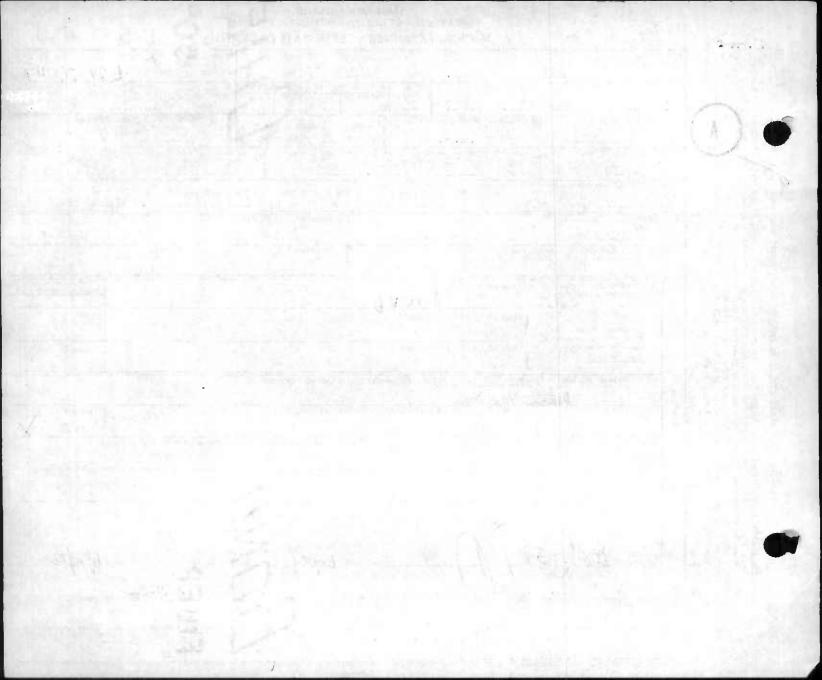
0

24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO, MD 21215 15M 7/76

REMOVAL-BURIAL

KENTUCKY

LOUISVILLE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



		FOR
1	-	STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				.29
6.	1.	L	-3	64
0	-	-	8	
REG. NO.				

-	REGISTRAR				CERTIF	ICATE OF D	EATH	5 O	G. NO.	3	
	CEASED NAME	FIRST		MIDDLE	L	AST		2a DATE OF DEA		DAY YEAR	26 HOUR
(1172	OR PRINT)	DELORE	S	Μ.	A	LVEY			6	8 86	6:15A
3 SE	x		RACE		5. DATE C		YEAR	6 AGE IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
	Female	≘	Whi	te	5	5	28	58	YR		7,00,0
	RTHPLACE (STATE	OR FOREIGN ]	CITIZEN OF	WHAT COUNT	RY? 8.	NEVER /	AARRIED T	9 BALTIMORE CI	TY OR COU	NTY OF DEATH	
	laryland		U.S.	Α.	WIDOWE		VORCED [	Balt	imore	County	MI
10 CI	TY OR TOWN OF D	DEATH		HOSPITAL, NUI	RSING HOME C	R OTHER INS	ITUTION	12a USUAL OCCU			OF BUSINESS OR
A	rbutus				e Stree	t		Homema	ker		
USU. 130. S	AL RESIDENCE (IFN	URSING HOME OF C		GIVE RESIDENCE BE		13d INSIDE C	ITY LIMITS?	13e STREET ADDR	ESS / ZIP C	ODE	
Ma	ryland	Balt	imore	Arbutu	ıs	YES 🗌	NO 🔀			e Street	21227
14. FA	THER'S NAME	P	NDDLE	LAST		15. MOTHER"	FIRST	AME	_		AST
	Charles			Le	embach		Carrie				Peacock
	VAS DECEASED EV		NED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMA	NT	A	DDRESS		21227
,	NO	(# 1ES, ONE	THE ON PARES,	216-24	4-4171	Rober	t L. A	lvey, Sr.	5416	Highrido	e St.
	18 CAUSE OF DE	ATH (Enter anl	ane cause per	line for (a), (b)	and jos	01	0 1			BETWEEN	NONSET AND DEATH
	PARTI. DEATE	I WAS CAUSED		110:105	cetic 1	Cartel	1 (a	_			Smon
			DUE TO, O	R AS A CONSE	OUENCE OF						
	Canditians, if a		(b)_								
	cause (a), sto	ating the	DUE TO, O	r as a conse	QUENCE OF						
		<del></del>	(c)								
Z	PART 2 OTHER'S	IGNIFICANI C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN PART	.fa
CERTIFICATION	190 DATE OF OPE	RATION	19h COND	ITION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b IF	YES, WERE FIND	INGS USED
FIC								YES TO NO		RTIFYING CAUSE YES T	S OF DEATH?
ERT	21a. ACCIDENT WAS	UNDERLYING	21b. TIME C	F INJURY		21c HOW IN	JURY OCCUR	RRED (ENTER NATURE C			
	OR CONTRIBUTING	_	н	M. MONTH	DAY YEAR						
MEDICAL	21d INJURY OCC		21e. PLACE			211 LOCATIO	ON			COUNTY	STATE
X	WHILE NOT	WHILE WORK	(AT HOME ST	REET, FACTORY, OFF	ICE FARM ETC	STREET		CITA	ORTOWN	COUNTY	STATE
	22a.1 certify that	-	a) ottended th	ne deceased fro	m /2	- 2	1986	10 G	- 8	19 86	, that (I) (we) las
	saw the dece	eased alive on	4-2		9.86 , ar	nd that in (my)	opinion	death occurred on	the date and	haur and from th	e causes stated
	72k SIGNATURE	and) (did ho)	wew the body	omer death.		DEGREE				22c. DAT	SIGNED
	1/1	2240	mul	4	N		PHYSICIAN )	MEDICAL DIRECTOR   PI	STAFF HYSICIAN [	6/	9/80
	274 PHYSICIAN'S	NAME TIPE OF	Parenty	/		22e ADDRES	S				/
	Paul G	ormley	/			St.	Agnes 1	Hospital	Onco	logy Dep	ot.
	BURIAL, CREMATIC	N, REMOVAL	23b DATE		231 NAME OF C	EMETERY OR	REMATORY	23d. LOCATION	1	COUNTY	_ STATE
	(SPECIFY)	ial	6/11/	86	Meadowr	ridge M	em. Pk	. Elkrid	ge	Howard	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

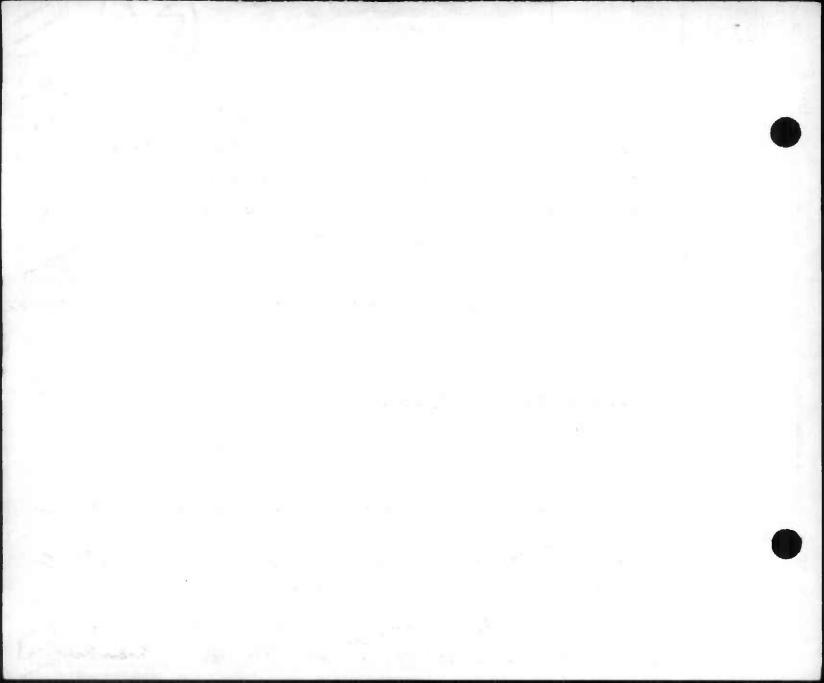
MPORTANT, II

21229

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

JUN 9



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

retained by the hospital or attending physician.

BP.

1	-	FOR STATE REGISTRAR
1. D	EC	EASED NAM

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	1	5	9	4	6
REG. NO.					

1 DE	Male    ARCE   White   S. DATE OF BIRTH   NOV. 24, 1906   79 yrs.   79 yrs.									
(TYPE	CEASED NAME OR PRINT)  Alfre			_	June 10, 198					
3. SEX					NO.	UNDER 1 YEAR IF UNDER 24 HRS				
	Maryland	U.	S.A. WIE	OOWED DIVORCED	Baltimore County of Baltimore County	FDEATH ty				
2	Reisterstown	(IF NOT IN SUC	Brookebury I	or. Apt. 1D	12a USUAL OCCUPATION (1yee of work for most of working Life) Maintance Foreman	126 KIND OF BUSINESS OR INDUSTRY State Hospita				
330 S	Md. 136 COL	INTY		YES NO	130 STREET ADDRESS / ZIP CODE 30 Brookebury Dr	. Apt 1D 21136				
14 F.A	FIRST			Nancy		velliast				
					abrose Reisterstown	y Dr., Md. 21136				
	PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Acute MyocArdial Infarction 10 Hours.  Due to, or as a consequence of  Conditions, if ony, which gove rise to immediate  17 412									
z	underlying cause last PART 2 OTHER SIGNIFICANT	CONDITIONS CO	2ALCIHOMA	tosis, catanea		1545 IN PART 110				
TIFICATIO	19a DATE OF OPERATION 19b COND		01 -	- 016.	IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING CAUSE OF DEATH HOUR A		M. MONTH DAY	YEAR 1	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)				
MEDI					CITY OR TOWN	COUNTY STATE				
	sow the deceased alive a obove (I)/ve (did) (did)	that (I) ( lost lost lost lost lost lost lost lost								
	221 CLOCKIAN LADE		126/	0.4	/					
	226 SIGNATURE	OR SKINT)	eloun	PHYSICIAN [	DIRECTOR PHYSICIAN	06/10/86				
22	Mack	/ Feldn		PHYSICIAN [	DIRECTOR   PHYSICIAN	06/10/86				

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Det Destruction of the second ACED TO THE PERSON OF THE PERS Pages I have been a record to

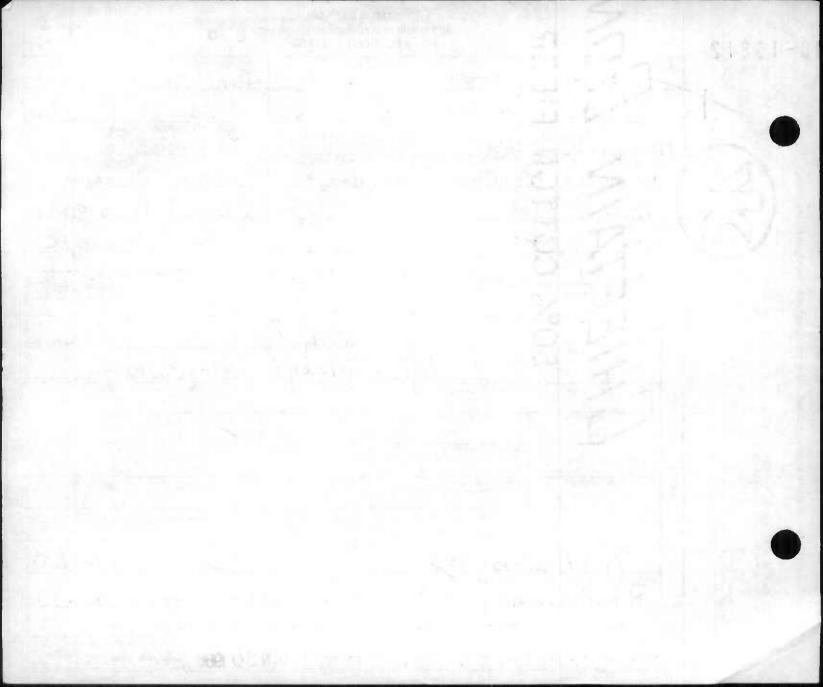
1		FOR			E OF MARYLAND	CIENT &	1 15	9 4 3		
Н	1 -	STATE REGISTRAR	DE		HEALTH AND MENTAL HY FICATE OF DEATH	0 0				
-	1 DE	EASED NA."	SIGGIN		LAST	REG. N		AR 2h HOUR		
		Vernon	Joseph	7*	mend	Tuna	2611181	1/235		
1	-	-	Ti PAGE		OF BIRTY /	6 AGE (IN YEARS LAST BI	RIHDAY) IF UNDER I	10		
	3.5E	Santi		MONT	H DAW YEAR			DAYS HOURS		
		made	White	6	26 86	ND ALTHAORE CITY	OR COUNTY OF DEAT			
6		RTHPLACE   1512/15 OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	12-01	0			
1	n	jaryland	USA	WIDOW		0 011	nore co	/		
~	(IBTC)	TY OR TOWN OF DEATH	NAME OF HOSPITAL, I		OR OTHER INSTITUTION	170 USUAL OCCUPAT	OF WORKING LIFE) INDUS			
1		Rosedale	reantin ?	Buch	Horr	Non	~	Lone		
100		AL RESIDENCE (IF NURSING	DR OTHER INSTITUTION, GIVE RESIDENCE ON THE PROPERTY OF COMMENTS	CE PORE ADMISSION	113d INSIDE CITY LIMITS?	13e.SIREET, ADDRESS	/ ZIP CODE			
3		ma /	Jalla Duno	lalk	YES NO	2 Liber	Ely PKW	4212)		
0	14. FA	THER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN N	AME		IAST 4		
0	Ra	andy		nend	Janice	- 14	Szer	NCAKK		
1			ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDI	ESS	01		
	(	(IF YES	S, GIVE WAR OR DATES)		Janice M. S	Szewczyk 2 I	Liberty Pkw	v. 2122		
10.7	_	18 CAUSE OF DEATH (Ente	and the second particular for the	thi and O		A		PPROXIMATE INTERV		
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (a))  (MMEDIATE CAUSE (a))									
		Conditions, if any, which gave rise to immediate cause (01, stating the underlying cause last	DUE TO, OR AS A CON	NSEQUENCE OF	restaly	6 JH 14 d	on auto	pry		
K	7	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUT	NG TO LEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PA	RT 11d		
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F			
1	TIFIC			72.5		YES NO	IN CERTIFYING CA	USES OF DEATH		
0	Ü	21a. ACCIDENT WAS UNDERLYING	1 110110 4 11 11001	TH DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I OR PA	RT 2)		
1	AL	OR CONTRIBUTING CAUSE OF	PUEAIR	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR I	OWN COUN	ity 51		
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC.)	SINCE					
			ospital) attended the deceased	d from	. 19	, to	. 19	, that (I) (w		
			ond not view the body after death		and that in (my) (aur) opinia	n death occurred on the	date and have and from	m the couses stat		
		776 SIGNATURE	A I har wew the body after seath		DEGREE		220	DATE SIGNED		
		KKI	14 humes no	1	ATTENDING PHYSICIAN	THE DITTIES AND DOLL	AFF	127/8		
T		THE PHYSICIAN'S NAME (	THE CH PRINT)		77e ADDRESS			1		
		DKha	Labor D	OD	9000 FRAN	aklin S	Mile	2133		
-	770	BURIAL, CREMATION, REMO	VAL 236 DATE	T23, NAME OF	CEMETERY OR CREMATORY	123d LOCATION	7400	4100		
		(SPECIFY)				CITY OR TOWN	COUNTY	57		
		remation	6/28/1986	JGreen M	Yount Cremato	TY BALTIMO				
	Z4 F	UNERAL DIRECTOR			230. D	TIL NEC D. DI NEGISTRA	WEST WEST WAY SON	DISATURE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

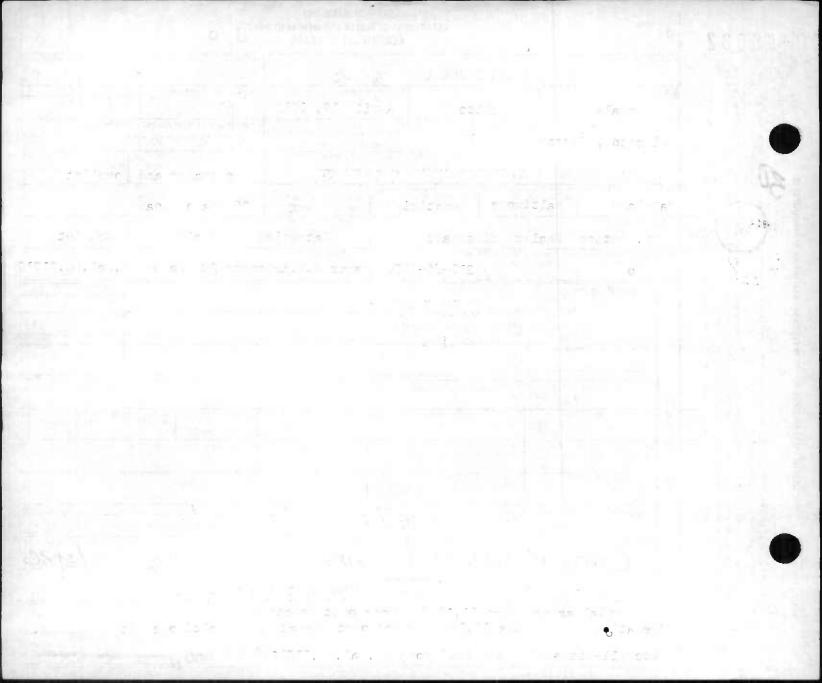
TO FUNERAL DIRECTOR:

74 FUNERAL DIRECTOR
NAME
Walter Brooks Bradley, Inc. Balto., MD 21222

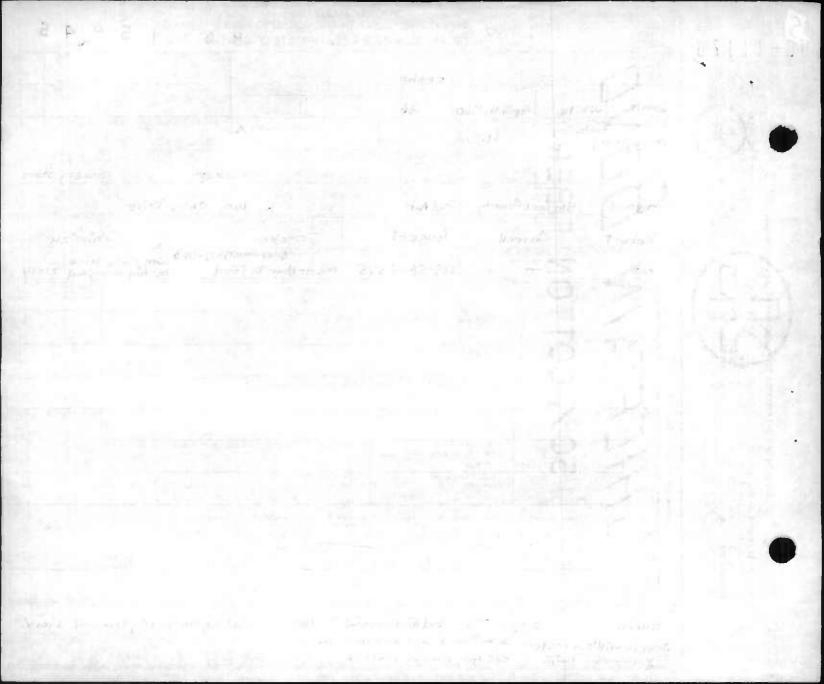
Julia Daydson gandelle



		1					OF MARYLAND		. 5100	-	A A
-09	032	1	FOR - STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	) <b>5</b>	7	[4] 64 }
			CEASED NAME FIRST		MIDDLE	L	AST	2a DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
۵	poge 3 er deoth	1 1111	E OR PRINT)	SMALL	EISENHART	Δ.	IDERSON		6 08	86	1:20P M
OE	offer d	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS
90 4	ector irs of		female	wh	ite	Apr	i1 Å7, 1919	67	YRS.	HS DATS	HOURS MIN.
eoth. Pog	funeral director. thin 72 haurs ofted		IRTHPLACE (STATING FOREIGN COUNTRY) inceton, Jerse		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O	COUNTY	DEATH	MD
1	by the	10 0	TOWSON		HOSPITAL, NURSIN CHEACILITY, GIVE STREET NORTH		RIFS ST.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake	OF WORKING LIFE)	126 KIND OF INDUSTRY OVE 1:	F BUSINESS OR St
799	d be	13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CC ryland Ba	or other institution unity.  Itimore	136. CITY OR TOW Hurstle	/N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / 20 Meadow	ZIP CODE (	2/6	2/2
	43)12/	14. F	ATHER'S NAME Dr. Luther Ph	aler Ei	senhart		15. MOTHER'S MAIDEN NAM Katherin			Schm	idt
execut	Poges medical		WAS DECEASED EVER IN U.S.		213-50-0		James J.O.And	erson 20 Me		.Bal.	Md.2121:
requires that the death certificate	been signed by the ottending physicion mit. Then please remove corbon popers: prior to buriol, cremotion, or removol. only injury, or other troumotic event, the	NOIT	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO, CO  DUE TO, CO  DUE TO, CO  T CONDITIONS CO	CARDIAL A  OR AS A CONSEQUI  ON TRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM			IN PART 110	
The low	hos /	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, WI IN CERTIFYING YES	G CAUSES	GS USED OF DEATH?
NG PHYSICIAN: T	s certifico buriol-tror Mentol Hy	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED	NER) P	.M. MONTH DM. OF INJURY	AY YEAR 19	211 LOCATION	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE
OING P	After this of one of the ord of the ord marked of	W	while NOT while AT WORK  270.1 certify that (I) (this ha		REET, FACTORY, OFFICE, F	ARM ETC)	7 200	to 6/9	10	- 30	that (I) (we) lost
TO HOSPITAL OR ATTENI	A P D D Z		sow the deceosed olive obove, (I) (we) (did) (did) 22b. SIGNATURE  POCAL  27d. PHYSICIAN'S NAME (11)  ALAN MALOU	on D/8 not) view the body  C - M E OR PRINT)  E M.D.	rofter death.	86 27.4	DEGREE  ATTENDING PHYSICIAN  THE ADDRESS  GBMC-6701 N	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN X		couses stoted
BI		24 F	BURIAL, BEMAIQT, REMON (SPECIET) BUMAIQT, REMON TEMATION UNERAL DIRECTOR	June 1	0,1986	Greenn	nount Cremator		more Cit	S SIGNATU	Md .
	(VRA 15, 4)	I	litchell-Wiede:	Feld Home	e 6500 Yo	rk Rd	Bal .Md .2121	いている	ywarm	190m/-5	bolyster.



	CEASED NAM	LE FIRST	8/14/86	DICAL EXAMINER'S	CERTIFICATE O	20. DATE KN	REG. NO.	DAY YEAR	26 HOUR
2 b	PE OR PRINT)	Step	hanie	Tomoko A	ngert	OF E	ESTI-	27 1986	M
3. SEX	X	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON		24 HRS. 24. DATE	MONTH	DAY YEAR	2d HOUR 8:30
	MALE	White	April 11, 190	0 26 YRS.	THOUSAND THOUSAND	DEAD	6-		p. M
1000	RTHPLACE (S DREIGH COUNTRY)	Ballos City	76. CITIZEN OF W	MAR	RIED NEVER MARRIE	ED (A)	more Coun		MD
10 CI	ITY OR TOWN		(IF NOT IN SUCH FA	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPAT	TION (TYPE OF WORK	126 KIND OF BUS OR INDUSTR	Y
The second second	TOWSON	(IF IN NURSING HOA	150/ E.	Joppa Road-par		Checker		GREETY S!	TOTE
13a S	mymd	113b CO	Ford County	136 Aur	13d. INSIDE CITY LIMITS? YES NO	1601 CAS	S Drive		
	Robert Robert	+	CATTON	Angert	15 MOTHER'S MAIDEN	MIDDI	<	Shimizu	
16a, V (Y	WAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ( OWN) (IF YES, G	ARMED FORCES?	166 SOCIAL SECURITY NO. 219-58-5375	m. Arthur		1601 0850	prive	VIOIY
	C 10.	14 1 1		AS A CONSEQUENCE OF					
	gave ri cause (a lying cai	1.0	ter- (b)	AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PART	T I (d)			
FICATION	gave ri cause (a lying cau	ise to immedic i) stating the <u>und</u> use last.	DIS CONTRIBUTING TO DEATH	AS A CONSEQUENCE OF		T 1 (et.		20 AUTOPSY?	
AEDICAL CERTIFICATION	gove ricovse (or lying could lying l	ise to immedia i) stating the und use last.  IGNIFICANT (ONDITIE  F OPERATION  AL CAUSE WAS  G Ø OR PY OCCUPPED	DIE (b) DUE TO, OR (c) DIS CONTRIBUTING TO DEATN  196 CONDI 1976 CONDI 1976 CONDI 216 TIME OI HOUR A.M P.M 216 PLACE STREET, FAC	AS A CONSEQUENCE OF  RUT NOT RELATED TO THE TERMINAL DISEA  TION FOR WHICH OPERATION  TINJURY  MONTH DAY YEAR  271986  271986  271986  2719 86  2719 86	WAS PERFORMED?  HOW INJURY OCCURRED  SUBject us  OCATION 15	ed Drug		YES XX	NO 🗆
MEDICAL CERTIFICATION	gove ricovse (a lying car) PART 2 OTHER S  190 DATE OF  210. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY CONTRIBUTE AT WORK	ISE to immedia ) stating the und use lost.  IGNIFICANT CONDITION  AL CAUSE WAS  G  OR PY ING CAUSE COCCURRED  NOT WHILE AT WORK	DIS CONTRIBUTING TO DEATH    196. CONDITION TIME OF THE PLACE     STREET, FAC     1   A     1     1   A     1     1   A     1     1   A     1	AS A CONSEQUENCE OF  RUT NOT RELATED TO THE TERMINAL DISE  TION FOR WHICH OPERATION Y  FINJURY  MONTH DAY YEAR  6 27,986  ST INJURY  (AT HOME. 21F LEI  LORY, FARM, ETC.)  UTO On parking	WAS PERFORMED?  HOW INJURY OCCURRED  Subject us  OCATION 15  OCATION 15  OCATION 15  OCATION 15  OCATION 15  OCATION 15	ed Drug		YES XX	
MEDICAL CERTIFICATION	gove ricovse (a lying car) PART 2 OTHER S  190 DATE OF  210. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY CONTRIBUTE AT WORK	ise to immedia ) stating the und use lost.  IGNIFICANT CONDITION  AL CAUSE WAS  G	DIE (b) DUE TO, OR (c) DIS CONTRIBUTING TO DEATN  196 CONDI 1976 CONDI 1976 CONDI 216 TIME OI HOUR A.M P.M 216 PLACE STREET, FAC	AS A CONSEQUENCE OF  RUT NOT RELATED TO THE TERMINAL DISE  TION FOR WHICH OPERATION Y  FINJURY  MONTH DAY YEAR  6 27,986  ST INJURY  (AT HOME. 21F LEI  LORY, FARM, ETC.)  UTO On parking	WAS PERFORMED?  HOW INJURY OCCURRED  Subject us  OCATION 15  rg lot.) Ba  Inspection  Homicide  TITLE (SPECIFY)	ed Drug  7 Enter Nature of INJURY  1 Crit on Town  1 timore	ppa Roac Co., and in my ap	YES XX	STATE Md.
MEDICAL CERTIFICATION	gove ricovse (a lying car)  PART 2 OTHER S  19a. DATE OF CONTRIBUTE 21a. EXTERN. CONTRIBUTE 21d. INJURY CONTRIBUTE AT WORK  22a. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ise to immedia ) stating the und use lost.  IGNIFICANT CONDITION  FOPERATION  AL CAUSE WAS  G	DIS CONTRIBUTING TO DEATH  19b. CONDITION TIME OF DEATH  P.M. 21b. PLACE STREET, FAC. in A  orge of the remains do sturrel causes.  mis F. Smy	AS A CONSEQUENCE OF  RUT NOT RELATED TO THE TERMINAL DISEA  TION FOR WHICH OPERATION  TO DE TINJURY  TO DETTINJURY  TO DETINJURY  TO DETTINJURY  TO DE	WAS PERFORMED?  HOW INJURY OCCURRED  Subject us  OCATION 15  rg lot.) Ba  Inspection  Homicide  TITLE (SPECIFY)	ed Drug  7 Enter Nature OF INJURY  ed Drug  7 Enter Jon  1 timore  Inquiry  Undetermined mann  MEDICAL EXAMIN	ppa Roac Co., and in my ap ner DATE SIGNE	YES XX  PINION  PINION	STATE Md.



-0878	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	5 9 4 6
y be deoth		ECEASED NAME REST	C.	ARNDT	20 DATE OF DEATH MONTH	S 86 601P M
or 4 may	3 SI	Female	White	Dec.5, 1893	6. AGE (IN YEARS LAST BIRTHDAY) 92 YRS	IF UNDER LYEAR IF UNDER 24 HRS
1 X 31	7a. 6	SIRTHPLACE (STATE OR FOREIGN COUNTY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baltimore County	
40	70.0	Randallstown		ng home or other institution ity General Hospit	120 USUAL OCCUPATION (14PLA) WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
124 hour	Un.	JAL RESIDENCE IF NURSING HOME OF STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TON Baltin	WN 134 INSIDE CITY LIMITS	130 STREET ADDRESS / ZIP CODE 3926 Rexmere	
The sales of	b		MIDDLE LAST  H. Bentz	15. MOTHER'S MAIDEN I	MAME MIDDLE Virginia	Smi th
ond co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS  C. Barker Same	DILL IN
finents to obvious popper need		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), of BY: TE CAUSE (a)	5586	. v. barker Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ed by the offendi please remove co rial, cremation, a or other froumot		Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)	Mclastake JENCE OF	disa of Colon	
on.  hos been signe permit. Then p ene prior to bur ows any injury.	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
iySiCian. The ding physicion is certificate h buriol-transit p Mental Hygier ar Hern 18 share		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18. P	
affending ter this can be and Merked ar h	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE.	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDIN ospitol or CTOR. Af d for use of of use of of use of of of of of use of of o			ot) view the body after death	ond that in (my) (aur) apini	on death occurred on the date and hou	nod from the couses stated
o ho che		22b. SIGNATURE	,००५ मधित १००,	DEGREE ATTENDING PHYSICIAN		6.6.80
TO HOSPITAL ( retained by the TO FUNERAL [ should be deta with the State [ IMPORTANT: #		22d. PHYSICIAN'S NAME TYPE	DRAG GOVIND	ARA 1220 ADBRES AC	T COUNTY	GIVE Hospida
P P P S S	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 1	FUNERAL DIRECTOR	k Inc. Baltimor	25a C	DATE REC'D. BY REGISTRAR 256 REGIST	

		0		
00	1893			0.70 (25.7)
Holtimore County			ABO	The state of the s
Houseanker	insigeoff Estor	nore County thu	is full med	dalInfon!
21010 band marzell 8007		escond 2 Lot		. 15.14
Virginia Sith	int th	51161	J. II	· · i [ ] i
Harker Same	· nont . m	and the same of th		00

Vikesville Balto. Md.

Hartal Jone 19,1986 Draid Titue

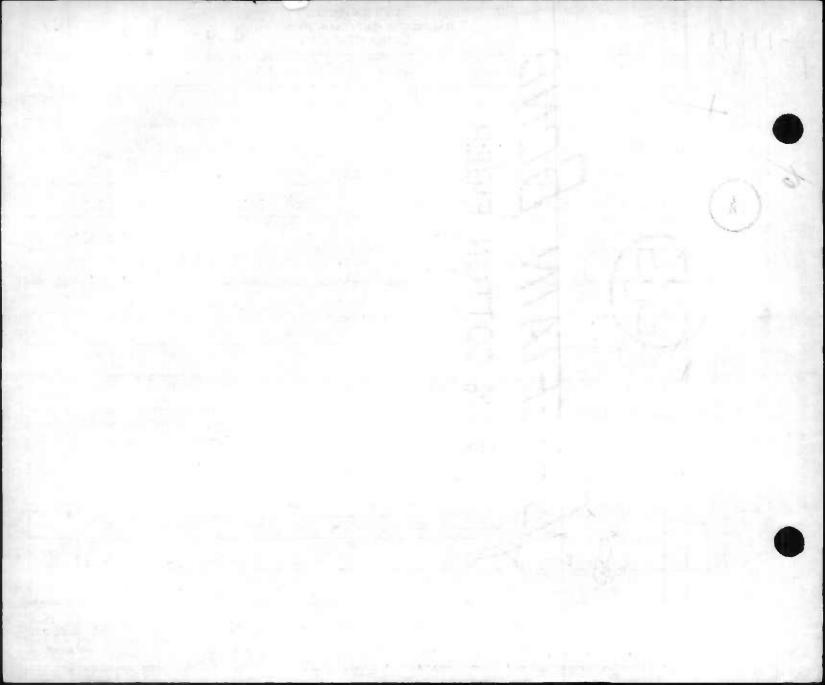
Lagrand J. Suck Inc. Salaimore, Marchend

	1
11	200
	-26
mi m	1
200	E: 1
1119	21.4
PH.	2:#
4.4	-
Ω	30.3
Z	(PA)
-	- 1
-2	
30	200
DE.	
4	
*	70.
-	9:
and the	a he execut
75	92
20	2.
9	-
2	
<b>FR.</b>	- 2
72	-40
2	20
465	0.
100	40
HVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212	PHYSICIAN. The low requires that the death certificate be executed within 24 hours attending physician.
Pt.	E.
169	-
7	0.
0	.00
9	- 10
Tim.	80
140	-6
Dr.	-
10.	9
	-
2	181
-	D .
46	-
9	-
64	
140	-
74	31:
22	8
~	- 2
92	0.
· ·	3
Mr.	
DK.	-
and .	2.7
46	4 The
Ber :	
200	W 2
	5 8
Min	2 0
0	4.1
-	0.5
6	121.2
0	9.70
77	2 2
202	- F
>	中有
<b>E</b>	2
-	6.6
	74
	55 10
-	100
4	W D
4	W. 7.
	W 3
4	100
	U 9
	- F
	SHTAL OF ATTENDING PHYSICIAN by the hospital or attending phy
	E 2
	6.0
	440 1444

1.	FOR - STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	1 5	9 4 1
	CEASED NAME FIRST	WIDDLE		EAST			YEAR 26 HOUR
	Geor	9			June 22, 1		3:05A M
1. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	THEAR IF UNDER 24 HRS
	Male	White	MONT	2 12 13	72	YRS,	
G	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIE		Baltimore	County	<b>ATH</b> MD
R	ossville	Franklin Sq	ve street adoress) uare Hosj	or other institution pital	Maint. For		kind of Business or ustry tee1
J <sup>3</sup> M	at residence in nursing home of State aryland Bal	timore Balt	CE BEFORE ADMISSION) OR TOWN IMORE	134 INSIDE CITY LIMITS?	13 SIRFET ADDRESS /	zip code rn Road	21237
O FA	Constantinos	MIDDLE Atsid		is mother's maiden n Fotini	AME	Hatziv	vas <sup>il</sup> is
	WAS DECEASED EVER IN U.S. A YENOOR UNKNOWN) (IF YES, G		28-5700	MYS. Athena	Atsidis, ADDR Ba	ltimore,	n Road Md. 21237  APPROXIMATE INTERVALING ITWEEN ONSET AND DEATH
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COL	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	20b. IF YES, WERE	
0.00	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	YES THE TEM 18 PART 1 ORP	NO [
MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOV	wn cou	NTY STATE
	22a I certify that (this hasp	ortal) oftended the deceosed in June 22 Off: view the body ofter death	_19_86	nd that in the (our) apinion DEGREE ATTENDING PHYSICIAN		te and hour and Ire	. that \( (we) lost am the couses stated )
1	Jay Steri			22e ADDRESS	in Square Dr	ive, 212	237
23a E	BURIAL CREMATION REMOVA		23c, NAME OF C	EMETERY OR CREMATORY	236 LOCATION		
	Burial	6-25-86	Oak Lav	on Cemetery	Baltimor	e Baltin	
24 FU A	uneral director nn™8. Matthews 3021 Eastern A	, Matthews Fu venue, Baltim	neral Hor ore, Md.	ne 21224	UN 24 1986	56. REGISTRAR'S S	IGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been agreed by the otherding physholid be detached for use as the buriof fromit permit. Then please remove cohoring with the State Dept. of Health and Memoil Hygiene prior to buriof, cremation, or remaining the State Dept. of Health and Memoil Hygiene prior to buriof, cremation, or remaining the State Dept. of the Marked or from 18 shows poly injury, or other traumatic event.

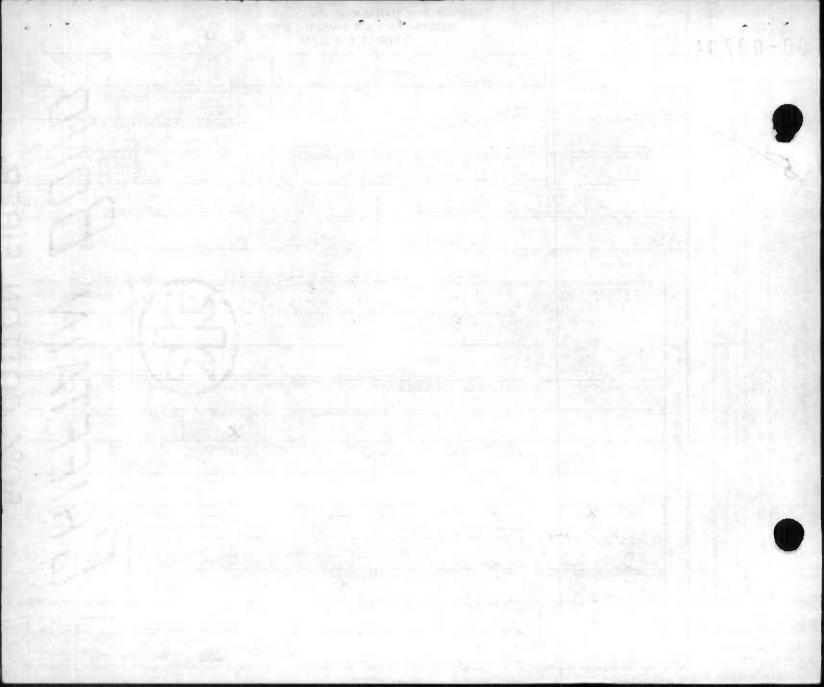


FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 REG. NO.	1	5	7	a de	Ser Con
F DE ATU	1711 0		VE AD		

00-0878	3 4	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 B REG. N	10.		1
00 0010	J T		EASED NAME	FIRST		MIDDLE	- L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
ny be age 3 deoth		(IIIFE	OR PRINTS	Genev	ieve A	udrey	BARI	RETT	June 4, 1	986		12:07 RM
noy bo		3. SE)	(		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER TYEAR	IF UNDER 24 HRS
		Fe	male		White		5 MONTH	9 1914	72	YRS	HS DAYS	HOURS
D 10 1	1		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.		9 BALTIMORE CITY	OR COUNTY OF	DEATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35		ryland	2123	U.S.A.		WIDOWE	DIVORCED	Baltimor	e County	,	AAD
1	$\sim$		TY OR TOWN OF DEA	TH				R OTHER INSTITUTION	120 USUAL OCCUPAT	TION 12	26. KIND O	F BUSINESS OR
8 11C	1		ssville		Frankl	-	are Hosp	oital	Self Emplo			te Broke
12 of 15 of 1	5,1	13a S	AL RESIDENCE (IF NURS TATE	136 COUN	OTHER INSTITUTION	13c CITY OR 1	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
NN SA	0	Ma	ryland	Balt	imore	Edgeme		YES NO	8106 Penw		ue	21219
1 1 12	300	14 FA	THER'S NAME		WIDDLE	1457		15 MOTHER'S MAIDEN NA	ME MIDDLE		145	4 3
W I TO	50	Wa	lter		MIDDLE	Dombrov	wski	Julianna			Piotr	rowski
ecu de se			AS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR	ESS		
Pog Pog		No		(11/123, G14	E WAR ON DATES!	095-09	9-4459	Francis C. F	Barrett	Same	as 1	.3e
ALT ALT ALT Sers.			18 CAUSE OF DEAT PART I DEATH W	H (Enter on	ly one couse per	r line for (o). (b	and (ch)	assive Decubi	tus Ulcer v	vith 1	APPROXI	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death certificate be executed entiting physician. The low signed by the offending physician and completely like this certificate has been signed by the offending physician and completely like os the burial-trygiene prior to burial, remarked.		3	Conditions, if ony, gove rise to improve (o), stofin underlying couse	nediote ig the lost	(b)	r as a conse	QUENCE OF	rosis and Sep		NDITION GIVEN II	N PART 11c	
v requir	7	CERTIFICATION	19n DATE OF OPERA	TION	19b COND	ITION FOR WE	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	GS USED
TALREC The low cion. The hos be to be be sist perminguene principle.		TIFIC,	THE DATE OF CHERK		170 00.10				YES NO	IN CERTIFYING	CAUSES	
SICIAN: T ng physici certificote uriol-tronsi		MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAL EXAMINER	HOUR A.	.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1	OR PART 2)	
IVISION  Offendi  ter this is the but  ond M	red or	MED	21d INJURY OCCUR	OLE		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
TOR: Affor use of Health	DE SI IZ		220 I certify that X saw the decease above, (X)(we) (a	ed alive on	June	4.	om May . 19 <u>86</u> or	12, 1986 and that in (my) (our) opinion	to June 4			that (we) lost couses stated
SPITAL OR A l by the hoss NERAL DIREC be detoched Store Dept.			22d. PHYSICIAN'S NA	nes	Su	Ver	_ /	DEGREE ATTENDING PHYSICIAN [ 22e. ADDRESS	MEDICAL STA	ICIAN	221. DATE	SIGNED 1/86
TO HOSPITAL retoined by to TO FUNERAL should be def with the Store			Jame	5	Sike	0,5		1	lin Square	Drive 21	1237	
BP		1	URIAL, CRÉMATION, SPECIFY) rial	REMOVAL	236 DATE 6/6/1			emetery or crematory wn Cemetery	23d LOCATION CITY OR TOWN Baltim		UNIY	Maryland
DHMH - 16 60M 7 (VRA 15, 4)	/B4		INERAL DIRECTOR D			ADDRI			P 1986	R 25b. REGISTRAR		

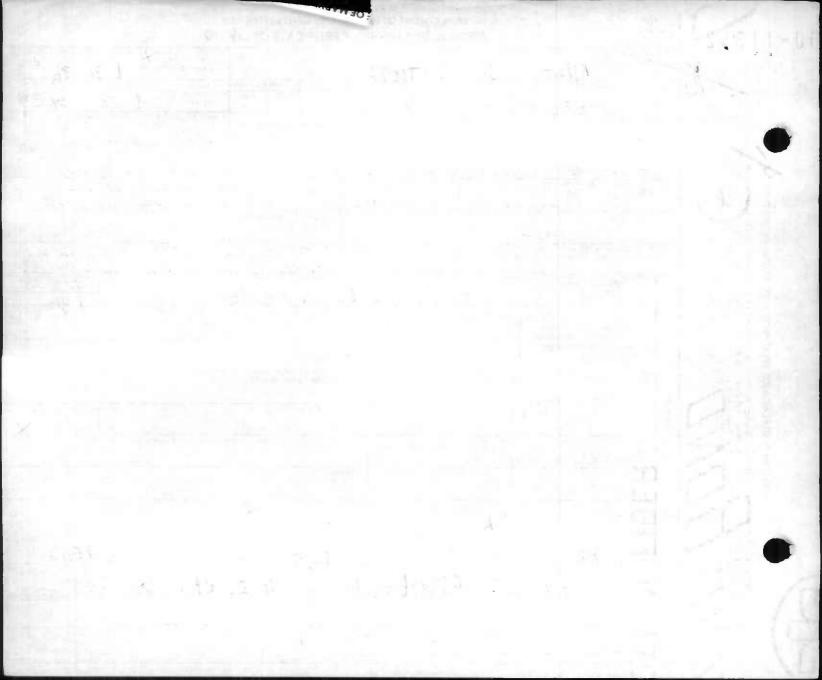


STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MEN	TAL	HYGIENE							
CERTIFICATE OF DEA	TH								

3	6 REG. NO.	1	5	9	4	{
	REG. NO.					

00-087	26	1.	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	8 0	G. NO.	5 9	49
y be			CEASED NAME FIRST Madelir	ie .	A BAER		AST	June 2		86	8 :15p <sub>M</sub>
ige 4 mo	W	1	'emale	White		S. DATE O		6 AGE (IN YEARS L	AST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS
Jeoth, Pa	35		RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	U.S.A	WHAT COUNTRY?	MARRIE WIDOWI	D X NEVER MARRIED DIVORCED	Baltimore			MD.
rs offer o	1	P	altimore	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	or other institution	12a USUAL OCCU	AOST OF WORKING L	IFE) INDUSTRY	of Business or ch Office
AND 212	35	130. S	AL RESIDENCE (IF NURSING HOME OF TATE 135 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimor	ADMISSION) N	13d INSIDE CITY LIMITS?	13e STREET ADDR 814 S.	ESS / ZIP COD	Ε	
MARYL, ed withir and within and and a second a s	00	) F	THER'S NAME William	MIDDLE	Houck		15 MOTHER'S MAIDEN NA FIRST Minnie	ME		Lage	ST
IMORE,	2	160,\	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	RMED FORCES? VE WAR OR DATES)	214-16-81		Liven Baer. 8	314 S. Li Baltimore	nwood A. Md. 2	venue	(6)
T., BALT	vent, 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe ED BY: .TE CAUSE (a)	Cardio-R	espir					ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the this certificate has been signed by the attending physican and certificate has been signed by the ottending physican and certificate has been signed by the ottending physican and certificate has been signed by the ottending physican and certificate has been signed by the ottending physican and certificate has been signed by the other prior to buriol, cremation, or removal	ar other troumotic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	DR AS A CONSEQUE Metastat DR AS A CONSEQUE	nce of	reast Cancer				
corbs, 2	ony injury.	ATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?		VEN IN PART 1:	
VITAL REC N: The fow nysicion. reate has b	Shows 7	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	7 216. TIME C			21¢ HOW INJURY OCCUR	YES NO	IN CERTI	FYING CAUSES ES []	
ON OF VI	Hem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  274, INJURY OCCURRED	ATH HOUR A		Y YEAR	211 LOCATION	CCD (ENTER NATURE C	FINJURY IN TIEM (8	PART   OR PART 2)	
DIVISIO ING PHI After this os the b	orked or	ME	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY OFFICE, FA		STREET	-	ORTOWN	COUNTY	STATE
R ATTEND hospital o hespital o hed for use apt. of Hea	n 21 is m		22a. I certify that X (this hose sow the deceased alive o above, X (we) (did) (3.4) i		_		25 , 19 86 and that in (1/4) (our) opinion (1/4)	to June death occurred on the	the date and ho	ur and from the	
0 0 0 00	# # #		22b. SIGNATURE	chen	UND.		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR P	STAFF	6-2-	-1986
TO HOSPITAL (efoined by the TO FUNERAL Is should be deto with the Store II	MPORTANI		Dr. K	Kitchen			9000 Fran	klin Squ	uare Dr	rive.	
BP	5 1	23a E	Burial Burial	236 DATE 6-6-8			emetery or crematory Park Cemetery	23d LOCATION CITY OR TON Baltime	ore Ba	county altimore	STATE Md.
DHMH - 16 60M (VRA 15, 4)	7/84	24 FI	nn . Matthews 3021 Eastern	Matthe			25g DAT	N 6	RAR 256 REGIS	TRAR'S SIGNA	Non-Company of the Company of the Co





deoth certificate be

00-10020

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	pulls		ختر
6	S	4	214
REG. NO.			

1 -	STATE REGISTRAR			ou ann	CERTIF	ICATE OF DEATH	8 6 REG	. NO.	5 4	2	
	CEASED NAME	TLLIA	N	MIDDLE S •		AST	20. DATE OF DEAT	6 MONTH	16 '86	10:00P	
). SE	FEMALE		1. RACE Wh	ite	5 DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS	
	RTHPLACE (STATE OR COUNTRY) Maryland		U.S	WHAT COUNTRY?	WIDOWE			9 BALTIMORE CITY OR COUNTY OF DEATH BALT IMORE COUNTY			
	TOWSON  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIE  HOMEMARY  HOM						G LIFE) INDUSTRY	12b. KIND OF BUSINESS OR INDUSTRY  Home			
13a S	Maryland	136 COUN		13c. CITY OR TOWN Parkvil	N	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRE			21234	
	erge	٨	W.	Van Danil	ker	15. MOTHER'S MAIDEN NA FIRST Carrie	MIDDE		C•wa		
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES	166 SOCIAL SECU 213-10-5		Mr. Felix B.		Same	as 13e	IMATE INTERVAL ONSET AND DEATH	
NO	Conditions, if ony, gove rise to immove (o), stating underlying couse	, which mediate ng the lost	(b) DUE TO, O	r as a conseque C HR ON I	NCE OF	FAILURE  OF DISEASE	MINAL DISEASE OR C	ONDITION	GIVEN IN PART 1	0	
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	IN CEI	YES, WERE FINDI RTIFYING CAUSES YES		
MEDICAL CER	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	THE EITHER NOTHEY MEDICAL EXAMINER) P 21d. INJURY OCCURRED WHILE NOT WHILE (AT HOME ST		OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19 ARM ETC )	211 LOCATION STREET	CITAC	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI		STATE	
		ed plive on did jidid not	6/16	1980		nd that in (my) (aur) opinion DEGREE ATTENDING	MEDICAL DIRECTOR PH	STAFF	hour and from the		
	BURIAL, CREMATION,	REMOVAL	236. DATE 6/19/			emetery or crematory idge Mem. Pk		У	COUNTY Heward	STATE Md.	
24. FI	UNERAL DIRECTOR					21204 250. PA	TE REC'D. BY REGISTI	CAR 256 REC	SISTRAR'S, SIGNA	MRE D. MR.	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the atti-should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, crematin

retained by the hospital ar attending physician.

BP.

TO HOSPITAL OR ATTENDING

MPORTANT: If Hem 21 is morked or Item 18 shows

injury, ar other tro

24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. (VRA 15, 4)

1050 Yerk Rd.

Dersey Heward Md. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 1986

25 21 21 1 2 32 22 Ergland Telto. Dreyfile Ekran Dankher Curris 213-1-1-1 r. e.x . e.t courtait /2/2 Telico using to . 71. Terico Ltd., bd. The toward of united to the table of t

383	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	1 3	STA.
		oyd Howard	Beaulac		, 1986	10:30a <sub>M</sub>
after d	Male	4 RACE	5 DATE OF BIRTH MONTH DAY 7/17/21	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
and the state of t	BIRTHPLACE   STATE OF FORE		MARRIED NEVER MARRIED	64 Baltimore city of Baltimore	R COUNTY OF DEATH COUNTY	
1	Canada CITY OR TOWN OF DEATH	USA  NAME OF HOSPITAL, NURSI  (1F NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION TO THE PROPERTY TO THE PROPERTY OF THE PR	0	MD, OF BUSINESS OR
		Franklin So	RE ADMISSION)	Repairma	in   Self	-Emp.
20	Md.	Balto		13e.STREET ADDRESS / 4710 Haz	elwood Ave	21206
300	Lloyd K.		Margare	MIDDLE	LAS	ī
2		U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES]  WW II 214-22		M. Beaula	ss c wife, sa	ame add.
dr. or price	IM	MEDIATE CAUSE (a) Aortic /	Matherosclerotic A Aneurysm			
signisco do y ne atranda places encove carb a bural, cremation, or r jury, ar ather traumatic	Conditions, if ony, wl gave rise to immed couse (a), stating underlying couse	DUE TO, OR AS A CONSEOL	IRACE OF		DITION GIVEN IN PART I	0
ows any injury, or other traumatic	Conditions, if ony, wl gave rise to immed couse (a), stating underlying couse	DUE TO, OR AS A CONSEOL  hich he he lost (c)  ICANT CONDITIONS CONTRIBUTING TO	IRACE OF		DITION GIVEN IN PART I	NGS USED
ental Hygiene prior to burial, cremation, or rem 18 shaws any injury, or other traumatic	Conditions, if ony, will gave rise to immed couse (a), stoting underlying couse I	DUE TO, OR AS A CONSEOL  the lost (c)  DUE TO, OR AS A CONSEOL  THE LOST (C)  DUE TO, OR AS A CONSEOL  (C)  DUE TO, OR AS A CONSEOL  (C)  TO THE LOST (C)  TO T	JENCE OF  JENCE OF  DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	NGS USED OF DEATH?
ss the burial-transit permit. Then please remove carb hand Mental Hygiene priar to burial, cremation, or risked or Item 18 shows any injury, ar ather traumatic	Conditions, if ony, white gove rise to immed couse (a), stoting underlying couse    PART 2 OTHER SIGNIFI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E WHITE ALWORK AT WORK  A	DUE TO, OR AS A CONSEOL  the lost  CANT CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  VING   216 TIME OF INJURY HOUR A.M. MONTH D  EXAMINER   P.M.  21e PLACE OF INJURY  [AT HOME, STREET FACTORY, OFFICE,	JENCE OF  JENCE OF  JENCE OF  DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19  FARM, ETC.)  211 LOCATION STREET	200 AUTOPSY?  YES NO TRED (ENTER NATURE OF INJURY)  CITY OR TOW	70b. IF YES, WERE FIND IT IN CERTIFYING CAUSES YES (1) YIN ITEM 18 PART I OR PART 2)	NGS USED OF DEATH?
= -//	Conditions, if ony, where the course	DUE TO, OR AS A CONSEOL  Ib)  Icant conditions contributing to  196 Condition for which  216 TIME OF INJURY HOUR A.M. MONTH D P.M.  216 PLACE OF INJURY HOUR A.M. MONTH D P.M.  216 PLACE OF INJURY HOUR A.M. MONTH D P.M.	JENCE OF  JENCE OF  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  FARM, ETC.)  June  10  10  10  10  10  10  10  10  10  1	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW	70b. IF YES, WERE FINDING CAUSES YES (1) YEN 18 PART I OR PART 2) WN (OUNTY) 19 86	NGS USED OF DEATH? NO  STATE  that **X(we) lost causes stated
//	Conditions, if ony, will gove rise to immed couse (a), stoling underlying couse    PART 2 OTHER SIGNIFI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERTOR CONTRIBUTING CAUSE  21d. INJURY OCCURRED  WHILE ALWORK NOT WHILE ALWORK  27a Leestify that (1)	DUE TO, OR AS A CONSEOL  hich liate the lost  CANT CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  YING 216 TIME OF INJURY HOUR A.M. MONTH D P.M.  216 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, blive on June 192 (193  194  195  196  196  196  196  196  196  196	JENCE OF  JENCE	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW	70b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES (1) YIN ITEM 18 PART I OR PART 2)  WN (OUNTY)  19 86  1221. DATE	NGS USED OF DEATH? NO  STATE  that **X(we) lost causes stated

BP\_

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

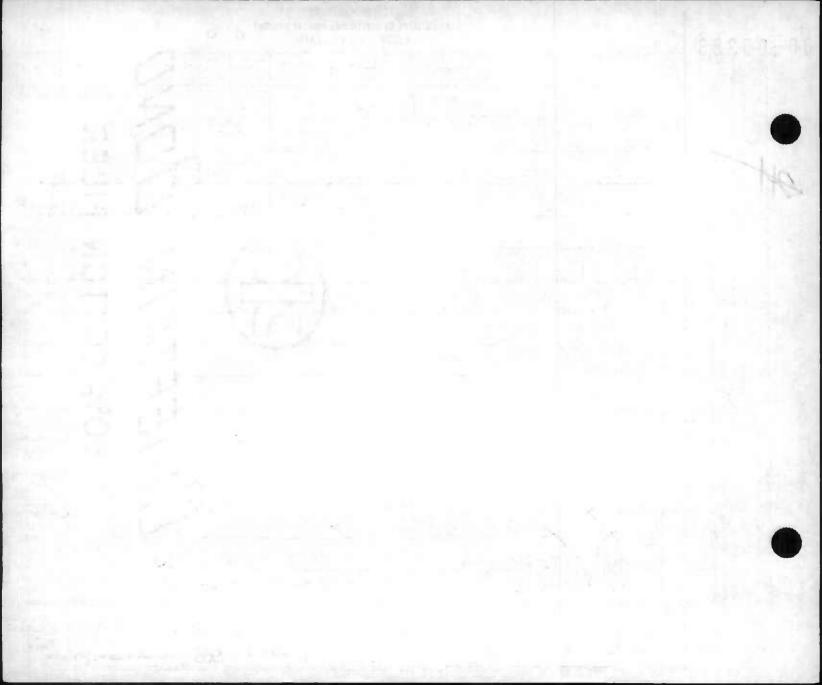
24 FUNERAL DIRECTOR SCHAMUNEK FUNERAL HOME , DOMESTIC.

3331 Brehms Lane, Balto., Md. 21213

STATE OF MARYLAND

June Waydon- Handalle

6/13/86 | Garrison Forrest State Vet. Cem, Owings Mills



-09388

FOR

## STATE OF MARYLAND

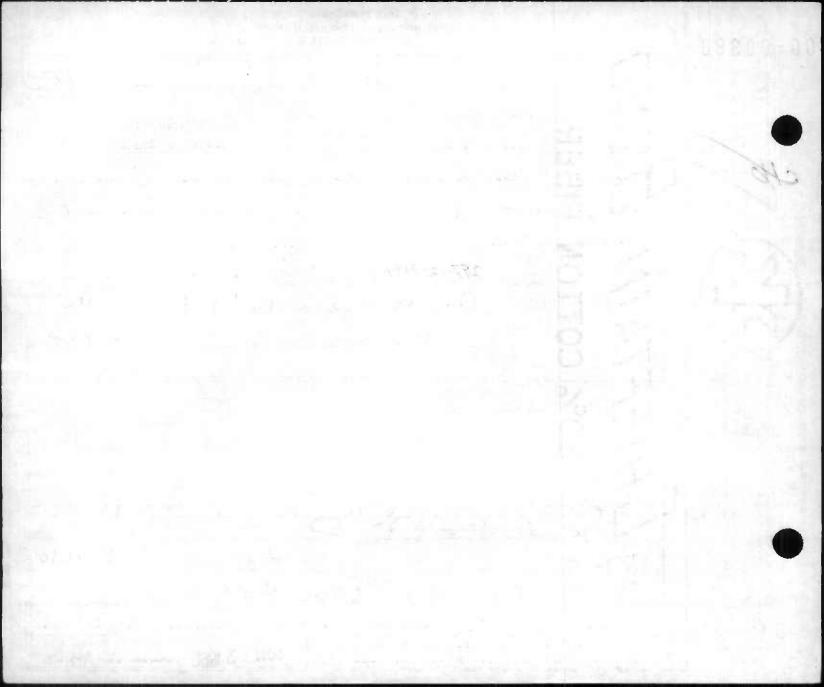
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	,	1	1	0	200	
3	6	1	3	7	-9	
	REG. NO.					

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	8	REG. NO.	1 3	7	2	
I		CEASED NAME FIRST		WIDDIE	l	AST	2a DATE O	FDEATH MONTH	H DAY	YEAR	2h HOUR	
1		Mrs. He	elen	M	Bec	ek		6	11	86	6225	3-3
1	3. SE		4 RACE		5. DATE C		6 AGE IN	YEARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24	
I		Female	Caucas	ian	5 5	24 23	63	3	YRS MONTH	DAYS	HOURS	MIN.
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D 2 NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF D	EATH		
J		Ohio	United	States	WIDOWE		Bo	altimore	Couni	tu		MD
Ì	II CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12e USUAL	OCCUPATION	12	L KIND O	F BUSINESS	-
l		andalls town	Balti		ty Ge	eneral Hospita		ecretary		alt.	Tank	Line
	13a. S	AL RESIDENCE (IF NURSING HOMEO STATE 136 COU aryland Bai		Woodmoo	V	13d. INSIDE CITY LIMITS? YES NO 💯		ADDRESS / ZIP Fairvieu		. 21	1207	
J	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NAM	ME	-				
1		Michael E	Franz	LAST		Anna	C	Agosti		LAS	T.	
t	16a V	VAS DECEASED EVER IN U.S. AI		166 SOCIAL SECUI	RITY NO.	17 INFORMANT Mr.	Fred F	7 49,08598				
ı	n	(IF YES, GI	VE WAR OR DATES)	297-12-	3144	3303 Fairview			ano A	17	2120	17
k	,,,,			211 .7		pool ratiview	AVE.	Davvino	Tre, I			
ı		18. CAUSE OF DEATH (Enter a PART I, DEATH WAS CAUSE	nly ane cause per	line ta (a), (b), and	ic.		. 0	A A	-	BETWEEN	MATE INTERVA	ATH
ı			TE CAUSE (a)	Utai	ex	Modera	النعيا	Lucus	rel.	21	HV	
1		The state of the state of	DUE TO O	DAS A CONSEQUE	NICE OF	9						
ı	- 1	DUE TO, OR AS A CONSEQUENCE OF TO THE PROPERTY OF THE PROPERTY				0.0				24	K CO NO	
1		Canditians, if any, which gave rise to immediate				77				- 0		
1		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
1		underlying cause last	( (c)_									
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITION	n Given in	PART 1:0	2	
H	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY? 20b.	IF YES, WEF	RE FINDIN	IGS USED	_
I	FIC							IN C		CAUSES	OF DEATH?	?
4	F	-1	3 011 71115 0	SE INTEREST		Total House Bullion and a common	YES	ио 🗌	YES		NO [	
ł		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		M. MONTH DA	Y YEAR	21t HOW INJURY OCCURR	RED (ENTERNA	TURE OF INJURY IN ITE	M 18 PART O	PART 2)		
ŀ	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19							
1	MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATION STREET		CITY OF TOWN		OUNTY	STAT	16
1	Z	AT WORK NOT WHILE AL WORK	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM, ETC }	SIREEI		CITORIOWA			SIAI	
1		22a.l certify that (I) (His hasp	ام اسماست معمد داندا	a dd (	6	210 010		6.11	10	86		14 .
ŀ					20		, TG	la de la			that (1) (we)	
ŀ		saw the deceased alive or above. (1) (we) (did (did no	the bady	after death.		nd that in (hy) (au) apinian o	death accurre	d an the date an	d haur and	fram the	causes state	:d
ı		27h SIGNATURE	-			DEGREE	1		7	220 DATE	SIGNED	
ı		1				ATTENDING PHYSICIAN	MEDICAL	STAFF  PHYSICIAN [	7	C -	-119	C
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINTL			22e. ADDRESS	JOINECTOR					
ı	-111	n m	()	1 - 0			0-11	11111	. 0	a.		
1		100).	VEA	MAY		C1000	MA.	6000	1	- N		
I		SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCA	ATION				
1	-	SPECIFY) Burial	6/16	/86 La	ke Vi	ew Mem. Park	Su	Kesville	e Car	roll	MD	•
1	24 FI	UNERAL DIRECTOR Lorin			Dinos	tone India DATE				SIGNAT	LIRE	
	97	28 Tihenty Road	A Randa	11 etal	MD	21133		1000			Mandath.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



0-09527	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENE 8	6 REG. NO	).	5	) 5	4
oy be		CEASED NAME FIRST	. 1	E.	BEI	TIER	20 DATE OF	DEATH	6 -	DAY YEA	36 1	O PM
ge 4 moy ector po	3 SE	F	4.RACE	V	5 DATE OF E	BIRTH  DAY  YEAR  24 - 20	6 AGE (IN YE	ARS LAST BIRT	HDAY)	MONINS D	EAR IF UN	NDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN TOUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED [	NEVER MARRIED		RECITY <u>o</u> Ltimo	R COUNT	Y OF DEAT	4	MD.
· 135		TY OR TOWN OF DEATH	(IE NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS	eral	12a USUAL C	CCUPATION	NC			SINESS OR
AM02212	USU	AL RESIDENCE (IF NURSING HOAD)			ADMISSION)	d INSIDE CITY LIMITS?	13e.STREET A	DDRESS /			111	7
173080		John	MIDDLE	Shiple	y	MOTHER'S MAIDEN NAME FIRST EL izabet		WIDDLE		Canal	oau g	h
be exec		VAS DECEASED EVER IN U.S yes, no or unknown) (1F yes	ARMED FORCES?	215-16-		Mrs. Mary	L. Di	ADDRE rive:	-	ampst		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTII NG PHYSICIAN. The low requires that the death certificate by offerding physician.  Wher this certificate has been signed by the ottending physician as the burial-transit permit. Then please remove cabon papers: the and Mental Hygiene prior to burial, cremation, or removal.  orked or them 18 shows any injury, or other troumatic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME!  Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost	DIATE CAUSE (a)  DUE TO, O	CARTY!	ORE ENCE OF CAR T	SPIRATO,	ARCT	PRE	37	861W	PROXIMATE I	AND DEÀTH
ECORDS, 20 Daw requires been signed rimit. Then purior. The burin any injury, o	ATION	PART 2 OTHER SIGNIFICAL  OUT  190 DATE OF OPERATION	A-	ONTRIBUTING TO L			INAL DISEASE			VEN IN PAR		ICED
VITAL RECC	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING					YES 🗌	NO	IN CERTI	FYING CAL	SES OF D	
HYSICIAN, rding physic certifico buriolistror I Mentol Hy	MEDICAL CE	OR CONTRIBUTING CAUSE O  LIF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED	DEATH HOUR A.	M. MONTH DA M. OF INJURY	AY YEAR 19	IC HOW INJURY OCCURR	ED (ENTER NAT	CITY OR TO		COUNT		STATE
3 6 6 E	W	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this h		e deceased from	ARM, ETC)	- 19 <b>%</b> 6	, to	6-1	4	19.86	that	(I) (we) lost
ALOR ATTEN the hospital at DIRECTOR feloched for u seep of the Ti. If hem 21 is		sow the deceosed alive above, (I) (we) (did) (du 22b. SIGNATURE	on o	ofter deoth.	0	GREE  ATTENDING PHYSICIAN	MEDICAL	_ STAF	F		ATE SIGN	
TO HOSPITAL etoined by th stool Events with the Stole MAPORTANT: 1	220 1	R < 7	PEPES	TRE	2	20 ADDRESS BACTIMOK	E/w	WTY	la E	NERA	LH	osf-

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

330 BURIAL, CREMATION, REMOVAL Burial 23b. DATE 6-17-86

Funeral

231 NAME OF CEMETERY OR CREMATORY Meadowridge Mem.Pk.

TMORE OUTY GARAGEMENT AND CATION BALTIMORE

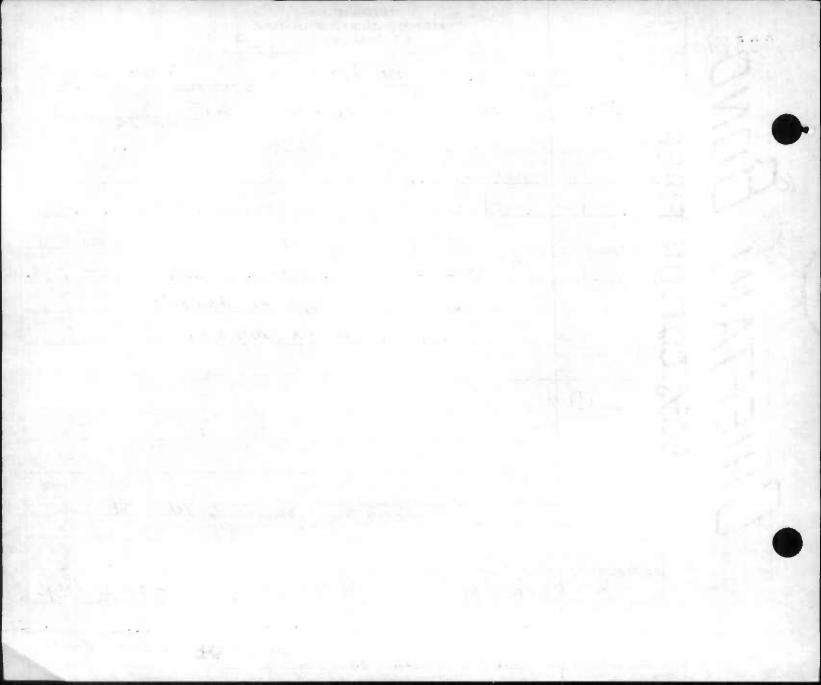
COUNTY

Md.

24. FUNERAL DIRECTOR

ADDRESS Hampstead,

Home.



N - 1	0208	1-	FOR STATE REGISTRAR			DEPARTM DICAL EX	ENT OF H	EALTH		ENTAL H		TA	1	5 9	5	5
0 1	0 2 0 0	1. DE	CEASED NAME E OR PRINT)	FIRST		WIDDLE			AST	CAILO		20 DATE KNO	REG. NO.	MONTH D	AY YEAR	26. HOUR
	HT SA			Greta		E.			ngsto	n		DEATH MAT		6-20	19 86	^
	PARCH DORFH NATE NATE	3. SEX	emale	White	Sept 12	1952 6.	AGE (IN YEAR LAST BIRTHDAY	Y) MONTH	DER I YR.	HOURS		2c. DATE PRONOUNCED DEAD		6-20	1986	4:00 P. M
	Same A		RTHPLACE (ST REIGN COUNTRY) Maryla		76. CITIZEN OF W	S.A.	Y?	MARRIE		VER MARRI	ED 🔲	9. BALTIMORE Balti	_	Count	F DEATH	
· N	A TOO	1	TY OR TOWN (		11. NAME OF HOS	CILITY, GIVE STRE	ET ADDRESS)	OR OTHE	RINSTITU	TION	12a USU FOR A	AL OCCUPATION	ON (TYPE C			
130	AND THE STATE OF T	USU A	residence ( tate  aryland	113h COU	Jarrets  FOR OTHER INSTITUTION, GINTY  Altimore	VIIIE  13c. CITY O  Mon	ORE ADMISSION	N)	13d INSIDE C	Road	-	omemake: 6413 J.I			ח סי	1111
0,2	= 4 m	-	THER'S NAME	De	er crmore	MOIL	COH		YES .	NO R'S MAIDE			m. P	earce	Rd. 2	1111
ME.W	H-18 2330		John		E.	Herri			F	RST MAIDE Marjo:		MIDDLE L.		Rich	LAST ardsor	n
ALTIMO	JIS AFTER S R. GIVE PAC WITH FORM I. PAGES I DIVISION	16a. V	VAS DECEASED ES, NO, OR UNKNO NO	DEVER IN U.S. A	RMED FORCES? VE WAR OR DATES)		L SECURITY <b>50-417</b>		17. INFORA		M. Be	onkton, con engs ton	164	yland 13 J.M	21111 Pear	rce Ri
57.28	QZOZW.		18 CAUSE OF PART I DE	ATH WAS CAUS		for (a), (b), o		iurie	S					8	APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
ESTO	AN SALCAST PER	>	8/c	s, if any, which	DUE TO, OR	AS A CONSE					-77					
W. P	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 F, WRITING THE WORD, "PENDING," IN PENCIL IN 1TR WARDED TO THE CHIEF MEDICAL EXAMINER ALC PAGE 3 SHOULD BE USED AS A BURBL." TRANSIT PRISTATE DEPARTMENT OF HEALTH AND MENTAL HYGING 21201 PROR TO BURBLI, CREMATION, OR REMOVA		gave ris	e to immediate stoting the unde	te / (b)	AS A CONSE	QUENCE O	F					17			
RDS. 201	EXECUTION OF THE STREET OF THE				(c)	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE	OR CONDITION	N GIVEN IN PAR	RT 1 io					
RECORDS	PENDIII PENDIII PALTHEALTH	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR WI	IICH OPERA	TION WA	S PERFOR	MED?				20	0 AUTOPSY?	?
OF VITAL	SHOULD YORD "PE CHIEF A CHIEF A SHE USED A AT OF HEA BURIAL, C	RTIFIC	AL SYTERIA	L CAUSE WAS										- 0	YES XX	
NO NO	ARTIMEN OR TO CREATE		UNDERLYING			MONTH D						TUCK IMP		ART 1 OR PART 2)		
DIVISION	ARITING ARDED ARDED GE 3 SH ZO1 PR	MEDICAL	21d INJURY O	CCURRED NOT WHILE Y	21e PLACE	OF INJURY ORY, FARM, ETC.)	AT HOME,	211. LOC	ATION			above	30	COUNTY	ТОТАТ	STATE
	ATE, WR. CORWARI CORWARI DE: PAGE NG 2120		- Automorphism	- /	ppe of the remarks des		held on	Pautopa		Inspection		Inquiry.	Bal	to. Co		
-	EXAMINER: CETTIFICATI JID BE FOR WITH THE MARKGAND	A.	death resulte	d from:	ural course .	Accident A	201	de .	Homic TITLE (SI		Undere	rmined roonner				
	SHOUND WENT		ACTUAL SIGNATURE_	1971	xuu	ale	× a	2 M.	Chi		MEDI	CAL EXAMINER		DATE SIGNED	6-21-8	36
	TO MEDICALE EXECUTE THE PAGE SHOU TO FUNERAL AFTER DEATH BAFTIN ORE		EXAMINER'S	m/ /00	ho E. Smia	-		^	DDRESS_			St., Ba	lto.	, Md.	2120	1
07/84		73a: Bl	MICHA	on Removal	Jun 24 198	CEYLOSS	igh Vi				CALAB	onkton		COUNTY	Maryla	and
25M	DHMH - 17 (VR A15 ME (5))	24 FL	Leonard		ek, Inc. ADDRESS				T	25e. DATE R	EC'D. BY	1986		TRAR'S SIGN	IATURE	

----

295 Let 1219 1219 13 13

MILL W

ion male

18413 J. M. Poruse, Lt. 21111

Haramena sar ords L. Haramena 21111

inglend tradition to the con-



FOR

REGISTRAR

- STATE

22d PHYSICIAN'S NAME LTYPE OF PRIN 22e ADDRESS 58 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 6-26-86 Burial Parkwood 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

2h HOUR

REG. NO

BALTIMORE

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

ITYPE OF WORK FOR MOST OF WORKING HEEL INDUSTRY

Ret. Standard Brands

5008 Oaklyn Ave. 21206

LAST Pfaadt

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21228

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

CITY OR TOWN

and that in (my) (aur) apinian death accurred an the date and havi and fram the causes stated

STAFF DIRECTOR PHYSICIAL

23d LOCATION

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11 the property

Middle Aug. 9, 1911 74

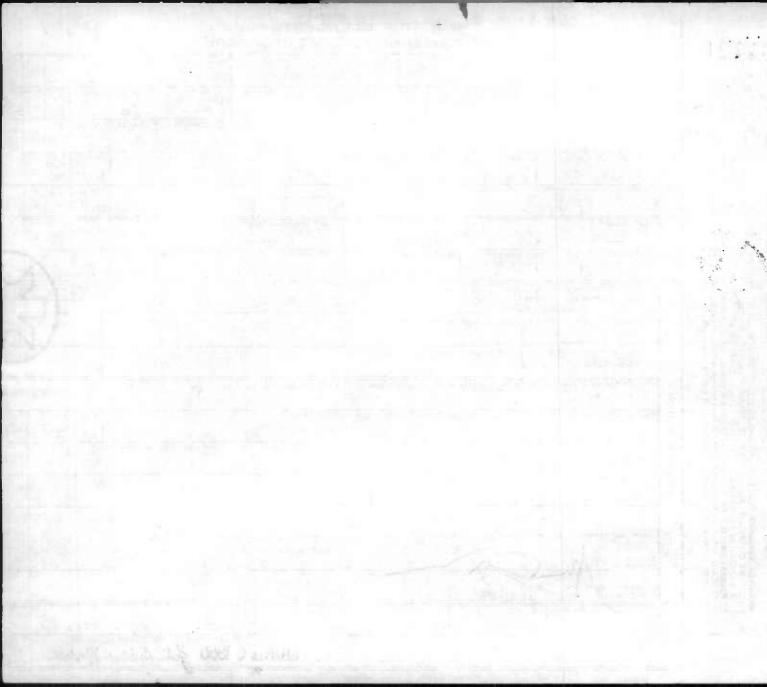
efcient banbasil .asi . No. 1922

mark ore IX sound book and itself

Page 19 Page 1

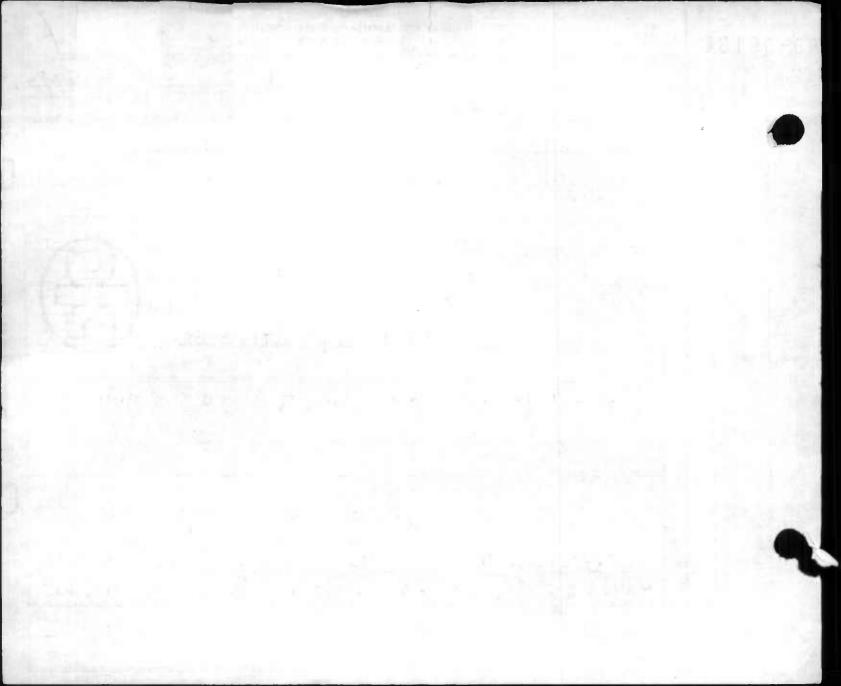
WW II 212-03-9201 Gert Work 4707 Great Det 21028

f-2-4 Persons sometimes and the control of the cont



					STATI	OF MARYLAN	ID					
09164	Ľ	FOR STATE REGISTRAR			CERTIF	EALTH AND ME		8	REG. NO.	1 5	7	5 8
. 64		CEASED NAME FIRST	Α.	AIDOLE	Į.	AST		2a. DATE OF D		1		h HOUR 1
oy be		MARY		Ē.		GGAR				6 10	86	5.15AM
frer po	3. SE	x /	4 RACE		5. DATE O		YEAR	6 AGE (IN YEA	RS LAST BIRTHDA	IF UN	-	FUNDER 24 HRS
age ecto		FEMALE	WHI	TE	8	21	1893	92		YRS		
P P P P		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MA	ARRIED	9 BALTIMORI	CITY OR C	OUNTY OF E	EATH	
	V:	irginia	U.S.A	1.	WIDOWE		DRCED [	Bal	timore	Count	У	MD.
The fee	10 C	TY OR TOWN OF DEATH		OSPITAL, NURS		R OTHER INSTIT	UTION	120 USUAL OC			b. KIND OF	BUSINESS OR
To led on the second		Randallstown				en. Hosp		Press	er	M	arlbo	ro Shir
Id be	13a. S	TATE IN COU	OR OTHER INSTITUTION	13c. CITY OR TO		13d INSIDE CITY	Y LIMITS?	13e.STREET AD	DRESS / ZI	P CODE	Fac	tory
E		aryland —		Baltin	ore	YES X N		4600 F	rederi	ck Ro	a 21	229
10/20/	14. EA	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S A	MAIDEN NAM		MIDDLE		LAST	1196
111111111111111111111111111111111111111		W. E.		Wartmar	1	Mag	ggie					Fowble
ond		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAN	T		ADDRESS			
Poor Poor		NO	THE THAT OR DRIES,	215-03	-5475	Thelma	Gerwic	4 Pa	yson A	venue	2122	8
requires mortine bearing the otherdire to the other or to buriol, cremation, or to buriol, cremation, or a principly, or other troumoting.	IION	Canditions, if ony, which gave rise to immediate couse in stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OF	ne,	ODEATH BUT	NOT RELATED TO	O THE TERMI	Jul. T	DR CONDITI	SIA	HO	
A DE D	CERTIFICATION	190 DATE OF OPERATION	%96 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORA	MED	20g AUTOP	II.	IL CERTIFYING	CAUSES O	F DEATH?
	ERT	21a. ACCIDENT WAS UNDERLYING	21b, TIME O	E INTHUDY		21c. HOW INJU	IPV OCCUPRI		40	YES [		NO []
certificate riol-tronsite ental Hygi Hem 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	216.110.00.110,0	JKI OCCORRI	ED (ENIERNAID	NE OF INJURY IN	IIEM (8 PART I	JR PART 21	
s certification of the second	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE (		19	211 LOCATION	J					
the bond /	ME	WHILE NOT WHILE		EET FACTORY OFFIC	E FARM ETC }	STREET			CITY OR TOWN	(	OUNTY	STATE
Afte e os plth mork		220 I certify that (I) (this hosp	otal) attaminal the	deceased from	5	13	10 8/5	4	6-10	10	86 "	- A (1) (ma) last
OR. OR. or us		saw the deceased alive o	0.1	19	CIA'S	d that in (my) (a	iur) apinion d	eath accurred	an the date of	and haus and	from the co	uses stated
e hosp DIRECT sched fo Dept. o f ftem 2		nbove divine) (did) (did n	ot) view the body	ofter death.		DEGREE			-	£	22t. DATE SI	
At Dil		(Ky9100)	order !	ho		MD ATT	TENDING	MEDICAL DIRECTOR	STAFF	_/	6.10	0.86
FUNER Sould be the St PORTAN		AYADURG	GOV!	NDA (	RAO	BALI BALI	TIMOR	0		GNL		
5 5 4 3 3		BURIAL, CREMATION, REMOVA	L 23b. DATE	23	NAME OF C	METERY OR CRI	EMATORY	23d LOCAT	ON		INITY	
BP		Burial	6/12/	86 W	vood1aw	n Cemete	ery	Woodl	awn		imore	Md.
MH - 16 60M 7/84	24. FU	UNERAL DIRECTOR		ADDRESS	5	21229	250. DATE	REC'D. BY REC	ISTRAR 25b.	REGISTRAN	SKINATU	E,
(VRA 15, 4)	H	ubbard Funeral	Home, Ir			s Ave.	30	11 7 7 1	000			

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND

The Contract of the Contract o The Market State of the Control of t

## Mr. William A; Bingel June 5 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male April 25 1922 Caucasian TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Maryland TISA Baltimore County WIDOWED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore County Ceneral Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Randallstown Heating Ser Tech Baltimore Baltimore 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 6814 Westridge Hd. Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Daniel Bingel MIDDLE Elizabeth Unknown 17 INMOSYAHUDY Bingel ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. NOES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 216-16-2893 6814 Westridge Rd. Baltimore 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE (O) CCA A DIO SERVE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 6) Acula Myo Corpie gave rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CIPLBRUI 190 DATE OF OPERATION 20g AUTOPSY? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 6 - 5 saw the deceased alive on \_\_\_ above, (1) (we) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL S FUNERAL Could be deto PHYSICIAN [] MPORTANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a Verscular 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 224 DATE SIGNED DIRECTOR PHYSICIAN 6-5-8-6 22e ADDRESS J. CHINCUS Baltimane 23a BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Birtal 6-7-86 Lorraine Park Cemetery Woodlawn Baltimore Maryland 24 FUNERAL DIRECTOR LOTTING Byer'S Funeral Directors, Inc. GISTA THE REGISTBAR'S SIGNATURE 8728 Tiberty Road Randallstown, MaryTand 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

3:43 am

12b KIND OF BUSINESS OR

Self employed

LAST

21207

21207

Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER TYEAR

20 DATE OF DEATH MONTH

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

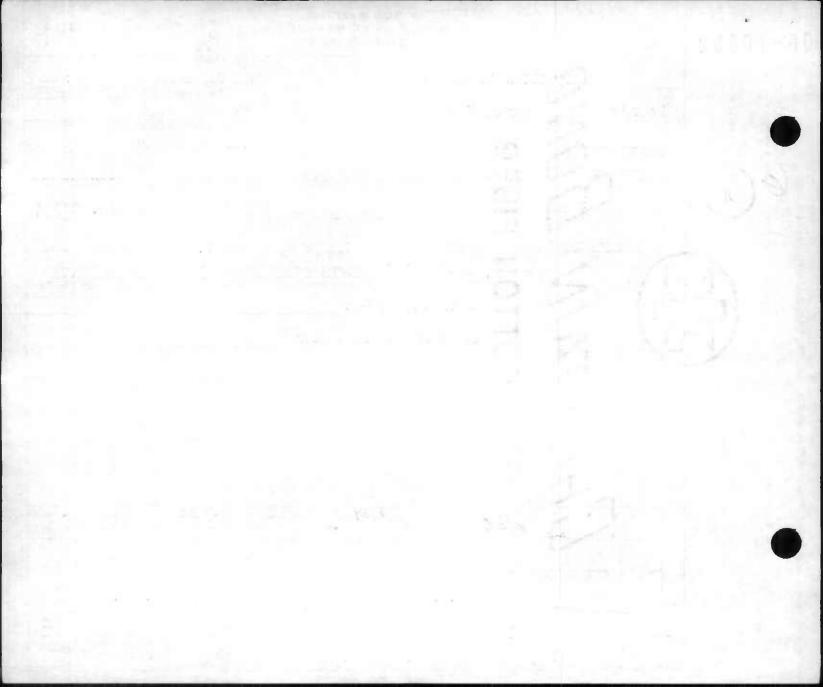
Total Marie Carrie Constituted Indian Constituted Cons the state of the second state of the state o Legitic vice of the con-Annique description of the control o

0-10852	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  REG. NO.									
ay be age 3 death	1. DECE	ASED NAME FIRST	Ellen BLACKBURN	LAST	June 30, 1986	DAY YEAR	3:00a M					
may pag	3 SEX	1.001 J	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS					
age 4	-	emale	Caucasian	12 19 32		RS	HOURS MIN.					
Genth. P	CO	HPLACE (STATE OR FOREIGN UNTRY)  ARYTAND OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Coul	nty	MD					
6/57		SSVILLE	11. NAME OF HOSPITAL, NURSIN (FENOTIN SUCH FACILITY GIVE STREET FRANKLIN SQ	ADDRESS) UARE HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE		OF BUSINESS OR					
~ CASS	INA MA	RYLAND BA	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  LT IMORE  ROSEDA		308 PATUXE	ENT AVE.	21237					
1 15/20	14. FAT	HER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAS						
1 1	14a W/	BERNHARDT	ZYBET ARMED FORCES?   166 SOCIAL SECU		VADDRESS	CIOKA						
Poged Medical			n/a 219280		KBURN 308 P	ATUXENT	AVE					
rote bysicial aper wol.	1	8. CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), on				MATE INTERVAL ONSET AND DEATH					
ng ph bon p	4		RATE CAUSE (o) RESPITA LO									
ttendii ve car on, or	3	Conditions, if any, which	due to, or as a consequi	c Breast Cancer								
the a remain		gave rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQUE									
s that ed by slease rial, a		underlying cause last.	(c)									
quire sign fhen p to bu	NO I	PART 2. OTHER SIGNIFICAN	t conditions <u>contributing to 1</u>	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition	GIVEN IN PART III	a					
on.  The law repair to permit the prior to permit the prior to permit the prior to permit the prior to permit the permit	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDING CAUSES						
physicic physic physic physicic physicic physicic physicic physicic physicic physic physicic physicic physicic physicic physicic physicic physicic physic ph		DE CONTRIBUTING CAUSE OF		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	-						
Sic Certificer Certification Certi	V	(IF EITHER NOTIFY MEDICAL EXAMIN	NER) P.M.	19								
NG PHY after this os the bu		WHILE NOT WHILE TWORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F		CITY OR TOWN	COUNTY	STATE					
TENDI tol or OR: A or use	2	2a. I certify that <b>x</b> (this has saw the deceased alive i	1 2 2	p and that in the (our) opinion	death occurred on the date and	, 19	that MC (we) lost					
haspi haspi IRECT hed fo ept. a	2	obove, ₩ (we) (did) (Δ→ 2b. SIGNATURE	on 19 19 19 11 view the body after death.	DEGREE		225. DATE						
the the detoc		Virginia	USALLY MY	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5 6/3	0/00					
O HOSPI O FUNE hould be with the Si		Uirbinia Uirbinia	Ashley, M.D.	220 ADDRESS F. S. H, 9	000 Franklin S	q. Dr., 2	1237					
PD PD	23a BU (SP	RIAL, CREMATION, REMOVA BURIAL		NAME OF CEMETERY OR CREMATORY	BALTO	BALTO	STATE					
BP		-OILTHT!	7/2/86 G	ARDENS	DUTTO	BAT/I.()	IVID					

DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND

FASSE THE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 30 1986 Julia Juridon American



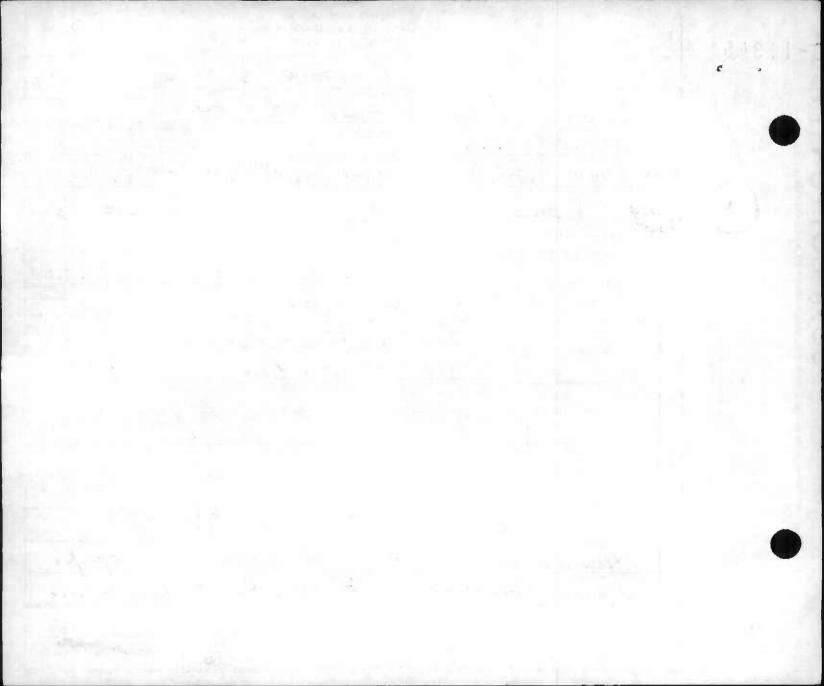
10937	1	FOR STATE REGISTRAR	Gre	gory	DEPART	MENT OF H	EALTH AND MENT		NE 8 6	D.	5 9 6	2
4 may be or. page 3 after death		CEASED NAME OR PRINT	FIR	RACE	tchle	5 DATE C	OAY VI		AGE (IN YEARS LAST BIRT	MONTH 2	686 IF UNDER TYEAR	BODER 24 HRS.
Pour Brech	<b>7</b> a. B	RTHPLACE (STATE OR FO	PREIGN		Weite WHAT COUNTRY	Jan 8. MARRIEI WIDOWE	NEVER MARRI		Balto.	R COUNTY	OF DEATH	MD
September 1	7	AL RESIDENCE (IF NURSIN		(IF MOTHY SUC	HACILITY, GIVE STREET	TADDRESS)	HOSPIC	(	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF	F WORKING LIF		BUSINESSOR
The A	13a.	Md.	Bal.	timore	Glen Ar	m m	13d INSIDE CITY LIA YES NO 15. MOTHER'S MAIL	<b>X</b>		zip CODE onder o	osa Lane	21057
Colescond		George WAS DECEASED EVER II	U.S. AR		Blatch		Lav	inia	ADDRE		Cully	
icate be execu-		18 CAUSE OF DEATH PART I. DEATH WA		E WAR OR DATES)	216-05-1		Mr. Rober	rt J.	Blatchley	Same		ATE INTERVAL
equires that the death in signed by the ottend Then please remove co r to buriol, cremation, o	NOI	Conditions, if ony, gove rise to immicouse (a), stoting underlying couse  PART 2 OTHER SIGN	the lost.	(b) DUE TO, OI	R AS A CONSEQUE	JENCE OF	NOT RELATED TO TI	HE TERMIN	al disease or con(	DITION GIV	EN IN PART 110	
tion.	CERTIFICATION	19a DATE OF OPERATI				OPERATIO	N WAS PERFORMED		20a AUTOPSY?  YES NO	IN CERTIF	S, WERE FINDING YING CAUSES O S	SS USED OF DEATH? NO
ding physicials certificate buriol-tronsit Mental Hygie or Hem 18 sho	MEDICAL CE	21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	LUSE OF DEA	HOUR A.	MONTH D	AY YEAR		OCCURRED	O (ENTER NATURE OF INJUR	RY IN ITEM 18 P	ART I OR PART 2)	
After this as the bull though with and M	MED	21d INJURY OCCURRE	F 🗆	1/	ELT. FACTORY, OFFICE	1->	21f LOCATION STREET	Ol-	CITY OR TO	WN	COUNTY	STATE
d by the hospital of d by the hospital of the be detached for use be detached for use Store Dept of Heo ZI is m		220 I certify that (I) ( sow the deceoser above, (I) (we) (di 22b. SIGNATURE	d plive on d) (did no	t) view the body	6 19	86-, or	DEGREE  ATTENI PHYSIC		MEDICAL STAF			
ro Hospital retained by the TO FuneRal should be det with the State IMPORTANT:		22d PHYSICIAN'S NA	Eddi	e Nakhu	da, M.D.		2300 Dul	aney	Maris Hos Valley Rd.	etro.	wson, MD	21204
BP		Burial, CREMATION, R	EMOVAL		28,1986 G				23d LOCATION CITY OR TOWN Baltimo			yland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	Leonard J	. Ru	ck Inc.	Baltimor	re, Ma		JUN	3 0 1986	-	Widson-An	

ster ,a.po., estan Special Land of Special Line Control of erd neft amontoles x 12704 Popdarost Lane 2:057 Henry - status veidored vanish cars your count . I diadon . I' (051-0/-015) eteatries coint to . at 1 do. f. to enth

benigned , eveniries .ori acco. h branca

AND 21201	n 24 haurs ofter death. Page	tilled in by the funeral direction of the bearing the second within 72 hours of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page etained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cample of the fine funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages to a constitution of within 72 Days can be strate Deat of Health and Mental Hydrene prior to burial cremation or removal.
ITAL RECORDS, 201 W. PRES	. The law requires that the de	ite has been signed by the attaining the properties of the please remay valent prior to burial, crematic
DIVISION OF VI	O HOSPITAL OR ATTENDING PHYSICIAN: The Letoned by the hospital or attending physician.	L DIRECTOR: After this certifica stacked for use as the burial-transe Deat, of Health and Mental Hy
	O HOSPITA	TO FUNERA

	1,	FOR	DEPAR		E OF MARYLAND EALTH AND MENTAL HYG	IENE O 6	15	9 6 3
345	L	- STATE REGISTRAR			ICATE OF DEATH	REG. NO		
oy be		CEASED NAME FIRST RACHEA	MIDDLE	Be	AUSTEIN	1	29 84	EAR 26 HOUR / JACOM
age 4 ma	3. SE	EMALE	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	YRS	DAYS HOURS MIN.
Jeath. Po	6	LONDON, ENGLAND	76 CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWE		9 BALTIMORE CITY OR BALTIMO	COUNTY OF DEA	
y the f	Ra	ndails trun	17. 1-1	INTY (	PROTHER INSTITUTION	GENERAL MOFF	N 126. K MDG Es tife) 126. K INDU M.	IND OF BUSINESS OR USTRY KOVENS & CO
24 han	130.		OTHER INSTITUTION GIVE RESIDENCE BEFO ITY 13c. CITY OR TO BALTO		136 INSIDE CITY LIMITS?	13e STREET ADDRESS 6	ZIP CODE	E 21209
de d	14. F.	ATHER'S NAME WOLF	VIDDLE LAST C	ORPER	15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST
n and n Pages I Pages II	16a	NAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	CURITY NO.	MR. JOSEPH BI	ADDRES		AVE. 21209
physicial anpapers, emaval.		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIATED)	ly ane cause per line for (o), (b), o BY: E CAUSE (a)	and ic	arrost			APPROXIMATE INTERVAL WEEN ONSET AND DEATH
death ce attending ave carb fran, ar r aumatic		Conditions, if any, which	DUE TO, OR AS A PONSEO	UENCE OF	ashtrun x S	my dy semo	~ /	0 40
by the cose remo		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF N	luatire la	lik	6	mo
signed Then ple to burio	No	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			NAL DISEASE OR COND	ITION GIVEN IN PA	RT Iro
on. has been to permit. iene prior aws any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES []	
ICIAN: T g physici ertificate ial-transi ntol Hygi em 18 sh	3.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	IRT 2)
offendin offer this c is the bur ond Me	MEDICAL	23d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	N COUN	STATE YES
TTENDIN pital or TOR: Affor use of for use of of Health		220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not	6/29/86 19		d that in (my) (aur) apinion d	eath occurred on the date	e and hour and fra	, mor (ii (we) rosi
the hose the hose AL DIRECT Letoched of the Dept.  T: If Item		226. SIGNATURE	) Mulius	ms	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		130K6
TO HOSPITAL OF HOSPITAL OF TO FUNERAL US should be deto with the State I IMPORTANT: IF		EDWARD S.	KALLINS MD		220 ADDRESS Park	1-10	- /	प्राथक
PP	23a I		23b. DATE 23c		EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE
	24 F	UNERAL DIRECTOR SOL LE	7/1/86   1	INC	IEBREW CEM	REISTERSTO	A. REGISTRAR'S.SIG	MD
OHMH - 16 60M 7/84 (VRA 15, 4)		010 REISTERSTOWN			ND 21215	3 - 1936 /	a bandar	1



## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

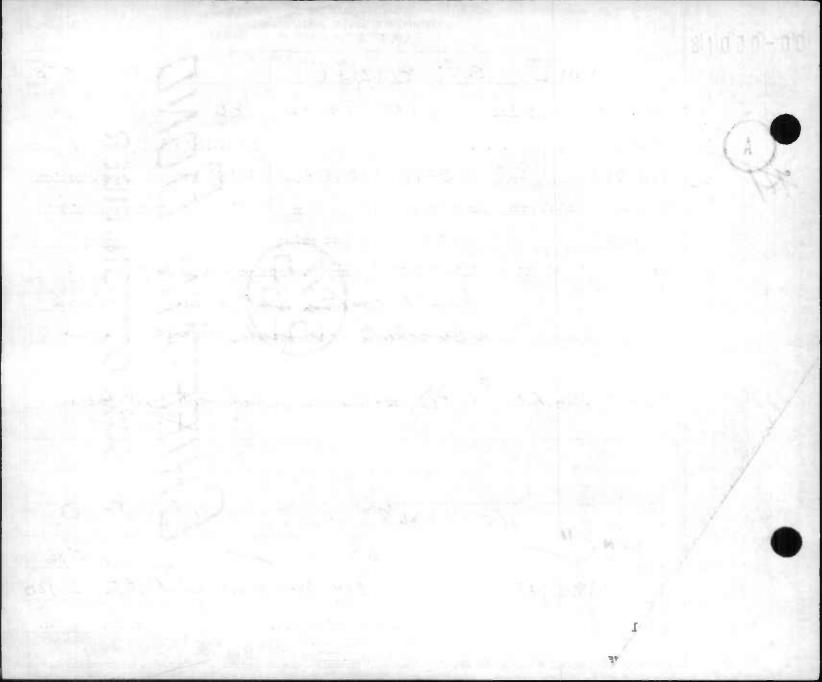
				,	-
		788		6	1 24
ba		2	7	4	44
0	3	-			
REG. NO.					

		REGISTRAR			CERTIFICA	IE OF DEATH	REG. NO.		
		CEASED NAME	PAUL PAUL	WIDDLE	LAST	20	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	{ TYPE	OR PRINT)	DILLA	5 s.	BATT	BOTZLER	6/3	5/86	548
	3. SE)	X	14 RACE		5 DATE OF BI	RIH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	mnie			MONTH	DAY YEAR	6.0	MONTHS DATS	HOURS MIN.
	7 m B II	RIHPLACE (STATE ORI	White	F WHAT COUNTRY?	03	09 06	9 BALTIMORE CITY OR COU	RS DE DEATH	
		COUNTRY)	OKEIGN TO CITIZEN C	F WHAT COUNTRY	MARRIED 3	NEVER MARRIED	D 15		
7		ryland	U.S		WIDOWED	DIVORCED [	BALTIMORE		TY MD.
S	Ju. CI	TY OR TOWN OF DEA		F HOSPITAL, NURSING		THER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK)		OF BUSINESS OR
9	7	DWSON	57	· JOSEP	3H H	SPITAL	Bricklayer	Const	ruction
100	13a S	AL RESIDENCE (IF NURS	ING HOME OF OTHER INSTITUTION	130 CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C		
)	Ma	ryland	Baltimore	Long Gree		S NO D	4715 Long Gr		21.092
	14. FA	THER'S NAME				MOTHER'S MAIDEN NAM	ΛE		
)		John	WIDDLE	Botzler		Catherine	WIDDIE	December	
٤.	160 W		IN U.S. ARMED FORCES		ITY NO. 17	INFORMANT	ADDRESS	Brown	Ω
		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		470		1 200	4.5.0	
	Ye	S	WW II	217-07-1	4/8	Mary E. Bot	zler - same as		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse p	er line toi 101, (b1, and	ic.1	1-1	411	BETWEEN	ONSET AND DEATH
			IMMEDIATE CAUSE (0)	Musely	the con	yeshe he	and Jacken	(1	week
	1		DUE TO.	OR AS A GONSEQUE	NCE/OF		1 .	The said	
		Conditions, if any,	which ( b)	arteriose	Mentre	cardioves	calle disease	- M	wa
		gove rise to imm		OR AS A CONSEQUE!	ICE OF				
		underlying cause		OK AS A CONSEQUE	ACE OF				
		PART 2. OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO D	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN A PART I	0.
	NO I	acute 1	youchiti	COPI	mat	1	dures acerto s	end lail	lea.
2	CERTIFICATION	190 DATE OF OPERA	TION 196 COK	DITION FOR WHICH	PERATION W	AS PERFORMED	200 AUTOPSY?   20b	FYES, WERE FINDE	NGS USED
	FF						YES NOT	ERTIFYING CAUSES	S OF DEATH?
7	ERT	210 ACCIDENT WAS UNE	DERLYING 7 216. TIME	OF INJURY	210	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA		NO L
?		OR CONTRIBUTING	CAUSE OF DEATH HOUR	A.M. MONTH DA	YEAR		TENTER MAIOR OF MAJOR NAME	110 - 411 + (317 417 2)	
	MEDICAL	21d. INJURY OCCUR		P.M. E OF INJURY	19	LOCATION			
	MEC	WHILE NOT WH	LAT HOME	STREET FACTORY OFFICE FA		STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WO	RK U		2	1		0,	
			his hospital) attended		6 and the	19 06	, to		that (D (we) lost
		obove (I) we lo	did olive on did olive on view the boo	dy ofter death.	ond the	of in (my) (our) opinion d	death occurred on the date and	hour and from the	couses stated
		226. SIGNATURE			DEG			22c. DATE	SIGNED
		14			141	ATTENDING PHYSICIAN &	MEDICAL STAFF	1 6/	5/86
		22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)		220	ADDRESS	0 01	0	
		HAL	ERCAT		2	14 mr (	Jerrael Rd. F	artetin	2 1/20
	23g B	BURIAL, CREMATION,	REMOVAL 236 DATE	123, N	AME OF CEME	TERY OR CREMATORY	1236, LOCATION		,-0
	- (	SPECIFY)					CITY OR TOWN	COUNTY	STATE
		rial JNERAL DIRECTOR	6-9-			aptist Cem.	PECID BY DECISTRADIST OF	Balto.	Md.
	100	NAME		WDDWE33		L VIU	NO 1986 Jun	a Jan don	Mindelle
	Ru	ck Towson	Funeral Hom	e. Inc. T	owson.N	Id 21204	3 1000		Carrier and the second

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

BP.



9

mere, at other troumotic event, the

APORTANT If hem 21 is murked as

24 FUNERAL DIRECTOR

## FOR - STATE REGISTRAR

	STATE OF M	ARYLAND	
DEPARTMEN	T OF HEALTH	AND MEN	TAL HYGIENE
C	ERTIFICATI	OF DEAT	TH

REGISTRAN					REG. N	O.	
1. DECEASED NAME	FIRST	WIDDLE		IAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
Dan	iel	Isiaha	BOW	ILING	May 28,19	86	4:47am
3. SEX	4 RACE		5. DATE		6. AGE   IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS
Male	Bla	ck	May	28,1986 YEAR	1	YRS.	50
COUNTRY) U.S.	ORFOREIGN 76 CITIZEN	OF WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED X		re County	MD.
Baltimore	e Fra	in such facility, give street nktin Squar	e Hos	pital	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O None	ON 12b. KIND	OF BUSINESS OR
Maryland	TURSING HOME OR OTHER INSTITE COUNTY Baltimo	130 CITY OR TOV				dbourne Ave	21239
Daniel Daniel	Isiaha	Bowlin		Dreanatha	Lavette	Spruill	ST
160 WAS DECEASED ET	VER IN U.S. ARMED FORCE NONE NONE		URITY NO.	Mother- Dream			
PART 2 OTHER S	use last.	O, OR AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	a
190 DATE OF OPE	RATION 196 CO	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED S OF DEATH?
210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC	CAUSE OF DEATH HOU	ME OF INJURY R. A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART 1 OR PART 2)	
ANTHE NO		ACE OF INJURY ME. STREET, FACTORY, OFFICE,	FARM, ETC }	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
above, 🕊 (w	(this hospital) attended to the May eased alive an eased (did) (did) view the	the deceosed fram_ 19_ pody after death.	May 86		, to <u>May 28</u> deoth occurred an the do		that (we) last causes stated
The SIGNATURE	ela A	Pale an	10-	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FL	SIGNED
Pame	la Pyle, M.D			9000 Franklii	n Square Dr	ive 21237	
Disposal T				EMETERY OF CREMATORY in Square Hosp	23d LOCATION 9000 Fra	nklin Sa∵ D	r. Bältin

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR J

BP.

ADDRESS

30 1986 July Denier Longer

73 1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	5 9 6 7
	PECEASED NAME FIRST CAR	CARLTON	BOYER	20 DATE OF DEATH MONTH DA	18 186 6:44P A
11	MALE	4 RACE White	DATE OF BIRTH May 26, 1931		UNDER TYEAR IF UNDER 24 HRS
A D	BIRTHPLACE (STATE OR FOREIGN Penna.	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY OF BALTIMORE COUNT	
56	TOWSON	GBMC-6701 N.C.		Or usual occupation (TYPE OF WORK FOR MOST OF WORKING LIFE) Design Engineer	126. KIND OF BUSINESS OF INDUSTRY Paper Produc
35 130			N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2813 Ontario Av	7e. 21234
250	FATHER'S NAME FIRST Carlton			Mabel Fritz	LAST
1/60		rean 166 SOCIAL SECU 210 24 4		V. Boyer 2813 (	Ontario AVe.
moved.	PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), and ED BY:  TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of, cremation, as a celler traumatic	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	CCE OBSTRUCTIVE PULM	ONARY DISEASE	
injery. 6		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	N IN PART I I O
SERTIFICAT	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFYI	WERE FINDINGS USED NG CAUSES OF DEATH?
7 7	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
MEDIC M	21d. INJURY OCCURRED  NOT WHILE  AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	6/34	CITYORTOWN	COUNTY STATE
21 14 70		tal) attended the deceased fram 6/18 19	0711 , 19 80 and that in (my) (aur) apinian	to 6/18, 19 death accurred an the date and have d	, that    (we) last and from the causes stated
AT II hear	22b. SIGNATURE	for m.D		MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 6/18/86
APOSTAL POSTAL	JEFFREY FOSS		22e ADDRESS GBMC - 6701 N	.CHARLES ST.	
230	BURIAL, CREMATION, REMOVAL		arrison Forest VA	Owings Mills,	COUNTY STATE

14 FUNERAL DESCRIPTION RD. Rd. NAME MANUELL - WIEDEFELD HOME BESS 6500 YORK Rd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 201986

DHMH - 16 60M 7/84 (VRA 15, 4)

T - --

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 Thours after death. Page 4 may be	criticate be executed within 24 hours after death. Page 4 may be
retained by the haspital or attending physician.	(
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competetely 1 and in 11/11 hanged director, page 3	g physician and completely lind in the time lunesof director, page 3
should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages   and Z should be to use as the burial-transit permit.	anpapers. Pages I and 2 shall be a him 72 hours after death
with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	removol.
IMPORTANT. If hem 21 is marked or Item 8 shews any injury, or ather troumatic event, the nedical examiner	event, the medical examiner and the latter of once
> 0/	ムラクラ

00-1084

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL I  CERTIFICATE OF DEATH	YGIENE

- 1			SIA	IE OF MARTL	ANU			-		c (2)				
	FOR STATE REGISTRAR					0 0	NO.	5	4	6 8				
	1. DECEASED NAME FIRST	MIDDL	E	LAST		20 DATE OF DEATH	HTHOM	DAY	YEAR	26 HOUR				
	Della	М.	Brews	ter			6	29	86	9:05 a				
	3. SEX	4 RACE	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST !	HRTHDAY)	IF UND	RIYEAR	IF UNDER 24 HRS				
ı	Female	C			YEAR O2	83	VD	MONTHS	DAYS	HOURS MIN				
4	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8						ATH					
١		US	M. Brewster  CE  3 DATE OF BIRTH  MODITION OF BUSIN  CE  13 DATE OF BIRTH  MODITION OF BUSIN  MARRIED DAY  9 21 02 83 YRS  MARRIED DAY  9 21 02 883 YRS  MARRIED DAY  18 BALTIMORE CITY OR COUNTY OF DEATH  WISOWARD DE MONE OR OTHER INSTITUTION  WISOWARD DAY  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IN HOLD SUCHFACULT, ONE SHEET ADDRESS)  THO IN SUCHFACULT, ONE SHEET ADDRESS  THE SHEET ADDRESS	MD										
t	10 CITY OR TOWN OF DEATH		PITAL, NURSING HOME		TITUTION	120 USUAL OCCUPA	TION	12b.						
ı	Baltimore, Md.	64		oritano		Housew:	of working	IG LIFE)   INC	DUSTRY					
f	USUAL RESIDENCE (IF NUMSING HOME	OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION	)		4		- 10701						
1	1200			1 /					2121	2.4				
ł	14 FATHER'S NAME	Inore	artimore	1		ME OL	irrey	DL.	214	24				
1	FIRST	nown	LAST		REATH  REG. NO.    20 DATE OF DEATH   MONTH   DAY   YEAR   26 HI	т								
1	IAN WAS DECEASED EVER IN U.S. 4		SOCIAL SECURITY NO.	17 INFORMA	NI			-		-				
۱	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	215-50-6203	Virgi	inia L	epak 113	S.	Curl	ev	St.				
ł	18 CAUSE OF DEATH (Enter only one couse per line for to ), (b), and (c)													
1	PART I. DEATH WAS CAUS	SED BY			12 22									
ı	IMMEDI		9 months											
4	A STATE OF THE STA	DUE TO, OR AS	A CONSEQUENCE OF											
1	Conditions, if ony, which	(b)												
ı	gove rise to immediate													
ı														
1														
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I												
4	M 190 DATE OF OPERATION	19h CONDITIO	N FOR WHICH OPERATION	ON WAS PERFO	RAAFD	20n AUTOPSY?	20h IF	YES, WER	NGS LISED					
1	JE NOTE OF OFFICE OF THE PROPERTY OF THE PROPE	170 00.101101	THE THICK OF ENAME	TT AS 1 EN 1 C			RTIFYING	NG CAUSES OF DEATH?						
1	21a ACCIDENT WAS UNDERLYING	216 TIME OF IN	ILIRY	71r HOW IN	HILIBY OCCUP		ILIDA IN ITEM		DADT 21	NO 🗆				
	Co communication of the commun	TO SOLUTION TO COURSE OF THE WORLD AM. MONTH DAY THAK												
	S (IF EITHER NOTIFY MEDICAL EXAMIN			100 100 17	201									
	ZIO INJURY OCCURRED					CITY OR	IOWN	CC	COUNTY STATE					
1	AT WORK AT WORK						0.5		07					
			ceased from 06	-19	19 74			19	86	that (1) <b>Wal</b> last				
	sow the deceased alive a above, (himeridal) (did i	nat) view the body afte	r death.	and that in (my	200 opinion	death accurred on the	date and	hour and f	rom the	couses stated				
1	22b. SIGNATURE	RL	, ,					27	c DATE	SIGNED				
	100	ulo n.	100.0			MEDICAL ST DIRECTOR PHYS			6-	30-86				
7	THE PHYSICIAN'S NAME (TYPE	OR PRINT)		_						-				
1. DECEASED NAME (TYPE OR PRINT)  Della  3. SEX  Female  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Frederick, Md.  10 CITY OR TOWN OF DEATH NAME (FINOTING STATE MADE)  USUAL RESIDENCE (IF NUMSING-HOME OR OTHER INSTITUTES STATE MADE)  FIRST  WM.  14 FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED FORC (YES MOOR UNKNOWN)  18 CAUSE OF DEATH (Enter only one coupart). Death was CAUSED BY IMMEDIATE CAUSE (IF YES, GIVE WAR OR DATE). DEATH WAS CAUSED BY IMMEDIATE CAUSE (IF YES, GIVE WAR OR DATE). DEATH WAS CAUSED BY IMMEDIATE CAUSE (IF YES, GIVE WAR OR DATE). DEATH WAS CAUSED BY IMMEDIATE CAUSE (IF YES, GIVE WAR OR DATE). DEATH WAS CAUSED BY IMMEDIATE CAUSE (IF YES, GIVE WAR OR DATE). DUE TO CONSTRIBUTING COUSE (IS YES). DUE TO CONSTRIBUTING COUSE (IS YES). DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. ACCIDENT WAS UNDERLYING (IF OR CONSTRIBUTION)  19a DATE OF OPERATION  19b COUNTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. ACCIDENT WAS UNDERLYING (AT HOUSE). AT WORK AT	res, M.D.		441 S.	Ellwo	od Ave.	Balto	. Md.	21	224					
1			23c NAME OF	CEMETERY OR	CREMATORY									
	Cremation	6/30/86	Green	nount (	em.		ore	COUN	ITY	Md.				
1	24 FUNERAL DIRECTOR	19/ 10/ 00	or eeun	LOUITO (				GISTRAR'S	SIGNAT					
	B. Dabrowski	& Son 28	18 ADDRESS Balt	imore			, ,	1964	law-	Contraction.				
	THE TWO AT ALLOWT	~ ~~11 ~~0.			~ -	1000	1 /							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

viscous and the same of minerally Ca or dringry bladder 3 rouths 26 2-2g 20 6-25 66 PSS15 abi ading and became a feet and amount of the Committee Service Committee Committe JE winsizial " IUS nos a piewo nd d

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME FIRST BROCATO [TYPE OF PRINT] 06-27-4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto.County ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Hospital Homemaker Own Home Towson 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP GODE NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Marie D'Angell Cincotta Salvatore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIF YES GIVE WAR OR DATEST Lucille M. Fava - 8801 Valleyfield Rd. 21093 No 218-70-8213 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: PANCREAS WITH. CARCINOMA IMMEDIATE CAUSE (O) METASTASIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC ) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN F 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS St. Joseph's Hospital - Osler Dr. 21204 MITRA. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL CREMATION, REMOVAL

7-1086

DHMH - 16 60M 7/84 (VRA 15, 4)

Entombment

24 FUNERAL DIRECTOR

ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Dulaney Valley

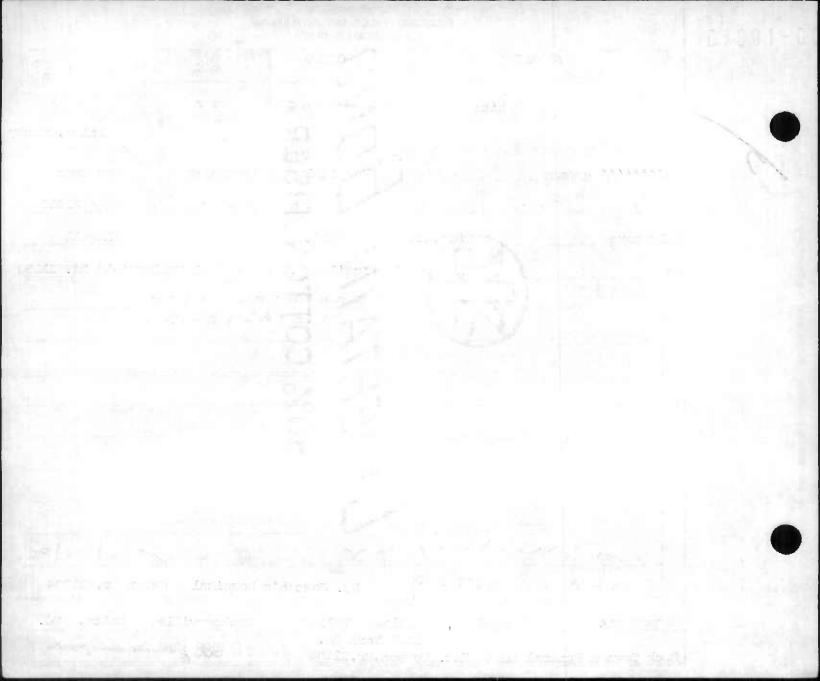
STATE OF MARYLAND

Cockeysville,

Md. Balto. 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

21212



	y be
	no y
	4
4	8
91	J.
100	8
	13
2/	1)
2	Į,
ž	24
2	2
AB	3
2	secured with
OB	1
N. I	2
BAI	ofe
10	rhific
Z	P Ce
STC	eo.
PR	he
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA	ADING PHYSICIAN. The low requires that the deoth certificate lie ***
201	5
os,	anin
OR	- Se
REC	0
A	The
5	Z
0	200
0	H
N/S	0
۵	OH OH
	H
	4
	Ó
	ITA
	OSP
	TO HOSPITAL OR
	-

-08672	1.	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  STATE OF MARYLAND  REG. NO. 1 5 9 7 0								
. 84		CEASED NAME	FIRST		MIDDLE		LAST	20		MONTH D	AY YEAR	26 HOUR
oge deot			RLES		RTIN	BROOK			June 2,			1 P. M
or. p	3 SE		4.	RACE		5. DATE (			AGE (IN YEARS LAST BIR	THDAY)	ONTHS DAYS	HOURS MIN.
	102	Iale		White	WHAT COUNTRY		nuary 14,1924		62  P BALTIMORE CITY OR COUNTY OF I			
	Ma	iryland		U.S.	Α.	MARRIE		ED 🗌	Baltimo	re Cou		MD.
1		Baltimore		6039 T	Hollins	ive. 2	DR OTHER INSTITUTION	ON 12	USUAL OCCUPATION OF COMMOST CO	ON DE WORKING LIFE?	IZE KIND OF INDUSTRY INSUR	ance
1 1 15	13a Ma	al residence (15 Nurs trate tryland	Baltir	nore	Baltimo	WN Dre	13d INSIDE CITY LIM	MIZS 13	STREET ADDRESS HOL	ZIP CODE Lins A	ve. 212	10
1 1000	14. E/	Frank	MI	DDLE	Brooks		Alice		MIDDLE			ıson
Page /	16a V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	214-16		C.M. Brook	s Jr.	15213 Fa		21023 Butle	
n. n. no been signed by the copermit. Then please remone prior to burial, cremol was ony injury, or other fr	CERTIFICATION	gove rise to immodule for couse 101, stofin underlying couse PART 2 OTHER SIGN	ng the lost	(c) DNDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO TH		AL DISEASE OR CON	20b. IF YES, IN CERTIFY	WERE FINDING	GS USED OF DEATH?
ilan: The physicio tificote h Litronsit ol Hygie n 18 sho		218. ACCIDENT WAS UNE	CAUSE OF DEATH	'	M. MONTH		21c HOW INJURY O	OCCURRED	(ENTER NATURE OF INJU	YES		NO []
ottending ter this cer is the burion hand Meni	MEDICAL	21d. INJURY OCCURP	RED	1		FARM ETC ]	211 LOCATION STREET	01	CITY OR TO	wn	COUNTY	STATE
R ATTENDIN hospital or IRECTOR: Af hed for use o ept. of Health tem 21 is mo		sow the decease above 4 (we) (c	ed olive on_		ne deceased from	01 11	nd that in ( (our) o	opinion deo	th occored on the de	ote and hour	ond from the co	-
retoined by the h TO FUNERAL DIR should be detachs with the Stote Dep		ATTENDING MEDICAT STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR									6/	4/86
O HO Should with the				Dantels					se St.			
BP		Burial, CREMATION,	REMOVAL	23b DATE 6-5-8		Black	Rock	ATORY	Butler	Bal	timore	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		tchell-Wie	edefel	d Home	6500 You	ck Roa		250 DATE RI	5 QA6		AR'S SIGNATU	

MAIL - CAN SELECTION OF THE COURSE AND LEGENS AND THE PARTY OF THE PAR

1201	our after death	in by the uncreased	Apple of the
E. MARYLAND	Cufed within 24 h	completely fled	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death retained by the heliphologic antending physician.	TO FUNERAL DIRECTOR. After this certificate has been ligned by the attending physicial and completely filled in by the should be detached for use as the burnal-trainit permit. Then please remove corbon papers. Pages I and Schulid Fred vin 1772 with the State Dept. of Health and Mental Hygans prior to burnal, cremostar, or removal.	IMPORTANT, If them 21 is married or them AB shakes proy trijury, as other traumatic event, the medical explanament are about and about
201 W. PRESTO	es that the death	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the bursal-transit permit. Then please remove conboundable with the State Dept. of Health and Mental Hygiene prior to bursal, cremation, as removal.	r, or other traumat
ITAL RECORDS,	. The law requir	one has been significant permit. Then tygiens prior to by	shows pary injury
DIVISION OF V	TO HOSPITAL OR ATTENDING PHYSICIAN. The I relained by the hispital or attending physician.	After this certific e as the burial-tro ofth and Mental F	marked or hem it
•	If AL OR ATTEND by the hespitol of	RAL DIRECTOR. detoched for usuate Dept. of Hec	MT. If hers 21 is a
	TO HOST	TO FUILE should be with the	IMPOR!

09448		ATE GISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8 0	REG. NO.	5 9	7
poge 3	I. DECE A	SED NAME PRINT) AR	THUR	T WIDDLE		OWN	2a DATE OF DE	06	06 86	3:00g
ge 4 mg	3. SEX	MALE	4 RACE BLA	CK	5. DATE O		6 AGE (IN YEARS	75 YRS	MONTHS DAYS	HOURS MIN
meral dir	COUN	Me	1.	OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED D	BALT IM	ORE COUN		MD
156	100	OWSON				BALTIMORE, MD	120 USUAL OCC TYPE OF WORK FOR Mecha	MOST OF WORKING	LIFE) 12b. KIND ( INDUSTRY	OF BUSINESS OR
165	USUAL R 13a. STAT	E	NG HOME OR OTHER INSTITUT 136 COUNTY BALT IMORE	13t. CITY OR TOW LUTHERVI	/N	13d. INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADD	RESS / ZIP CO Seminar	be y Awe./	21093
(1)	14. FATHE	R'S NAME Willian	MIDDLE	Brown		15 MOTHER'S MAIDEN NA SUSAN	Ľ		Nor	ris
Pages Pages		DECEASED EVER I	N U.S. ARMED FORCES			Charles A.		ADDRESS 619 Se	minary	Ave.
on signed by the atten. Then please remake o or to buriol, cremation, in lighty, or other traume	9 cc	anditions, if any, ove rise to imm buse (a), stating inderlying cause	ediate the last. (c)	, OR AS A CONSEQU	ENCE OF	INAL HEMORRHA				
ficate has be trained permit 18 shakes an	CERTIFIC	DATE OF OPERAT	ERLYING 21b. TIM	NDITION FOR WHICH		N WAS PERFORMED		□ IN CER	ES, WERE FINDI TIFYING CAUSES YES [] 8 PART I OR PART 2)	NGS USED S OF DEATH?
After this cert e as the burial oth and Ments marked or her	WEDICA WEDICA	IF EITHER, NOTIFY MEDIC.  INJURY OCCURRING  HILE NOT WHILE NORK	ALEXAMINER)  ED  21e PLA (AT HOME	P.M. CE OF INJURY STREET, FACTORY, OFFICE, I		211 LOCATION STREET		TY OR TOWN	COUNTY	STATE
TO FUNETAL DIRECTOR. should be defined for up with the State Dept of He MyPORTANT I term 21 is	221	saw the decease abave, (1) (we) (di	d alive an June id) (did nat) view the bo	6 19	86	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	, rd	staff	. 17	
BP	(SPEC	AL, CREMATION, R				EMETERY OR CREMATORY ant Rest Ce	23d. LOCATIO CITY OR TO TOW TE REC'D. BY REGIS	son	COUNTY Balt	

mi orca a quenti a quenti a

and the second s

						STAT	E OF MARYLAND						45.0
5 0	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		8 6	-	5 9	1	2.
U	1 DE	CEASED NAME FIR	ST		MIDDLE	1	AST		REG. N		DAY YEAR	2b HC	ALE D
		OR PRINT)	A	11.	72	B.				1 .	1 86		150
	3 SE	<u> </u>	1 RAC		K.	5. DATE C	OWN.		6 AGE (IN YEARS LAST BI	O I	IF UNDER 1 YE		ER ZAHR
	-	emale				MONTH	DAY Y	YE AR	/		MONINS DAT		MIN
,		RTHPLACE (STATE OR FOREIG		White	WHAT COUNTRY?	10	10	10	BALTIMORE CITY	YRS	OFDEATH		
-	1900	SUNTRY)	78 (11	1 1 0		MARRIE		IED 'L	Balto		1		
	10 C	ITY OR TOWN OF DEATH	11. N	IAME OF	HOSPITAL NURSI	WIDOWE O	D DIVORC		120 USUAL OCCUPAT			OF BUSIN	A VESS C
	-	Towsonn	) (IF		HEACILITY, GIVE STREET		11.		Ret I	OF WORKING LI	EL INDUSTR	RY	
1	13a. S		OME OR OTHER I COUNTY Baltim		130 CITY OR TOW Parkvil	/N	136 INSIDE CITY LI	MITS?	13e.STREET ADDRESS 8732 Sto	/ ZIP COD	ם ב	0101	. A
9		aryland   I	DETTI	ore	Latrati	те	YES NOTHER'S MAI			CKWEI	I Ra.	2123	)4
ZA	14 17	John	MIDDLE		Kaise	30	Elizabeth		MIDDLE		Hambla	mbloser	
-	Iác.	WAS DECEASED EVER IN U					L11Zabeth		ADDRESS		TOWN TOWN		
Poges	(		ES GIVE WAR C		215-01-2			men E			s # 13		
							mr. ner	meril E	• DIOMH D	ame a			FRVAL
		18 CAUSE OF DEATH (En	ter only one AUSED BY:	couse per	line far to), (b), ar	dic i	nal Co	- 00	moma	1	BETWEE	OXIMATE INT EN ONSET AN	DDEA
		IMM	EDIATE CAL	JSE (a)		0110	The Co	201 ( )					
	10			UE TO, O	R AS A CONSEOU	ENCE OF	00-0	0000					
		Conditions, if any, which (b) Kectal Carconona											
		couse last DUE TO, OR AS A CONSEQUENCE OF Underlying cause last											
ed by the attendin lease remave carb rial, cremation, or i ar ather traumatic		(c)											
	NO	PART 2 OTHER SIGNIFIC	ANT CONDI	ITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	IDITION GIV	EN IN PART	110	
0	CERTIFICATION	190 DATE OF OPERATION	ON 196 COND		NDITION FOR WHICH OPERATIO		TION WAS PERFORMED		28a AUTOPSY? 20b		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		ED
7	TIFIC								YES NOT		FYING CAUS	SES OF DEA	
7	CER	210 ACCIDENT WAS UNDERLYI		Ib. TIME C		AN MEGE	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			n	
7		OR CONTRIBUTING CAUSE	OFDEATH	HOUR A.	M. MONTH D M.	AY YEAR							
	MEDICAL	21d. INJURY OCCURRED	21	e PLACE	OF INJURY		211 LOCATION				C. Parine 1811		
	¥	WHILE NOT WHILE [	J ''	AT HOME_STI	REET FACTORY OFFICE.	FARM ETC )	STREET		CITY OF TO	JWN	COUNTY		STATE
		22a I certify that (I) (this	hospital) at	tended th	e deceased from	10-	/()10	86	19 6 -	/ /	1986	. that (l)	(we) lo
		saw the deceased of	ve on	lel !	19	86,01	nd that in (my) (our)	opinion de	eath occurred on the d	ate and hou	ond from t	he causes	tated
		saw the deceased alive an											
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR \$ PHYSICIAN D											
1		27d PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS Stella Maris Hospica											
/		Kendall R	. Faul	kner	, M.D.				Valley Rd.	the	on, MD	2120	)4
10		BURIAL, CREMATION, REM	OVAL 23b.	DATE	23c.	NAME OF C	EMETERY OR CREM		23d LOCATION				
		Burial	6-	17-8	6	Parkwo	od		Baltin	ore,	Maryla	ind	STATE
4	24 F	UNERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRA				
*		Leonard J.	Ruck,	Inc	. Balti	nore,	Md.	JUN:	1 2 1986 3	THE BOOK	frame .		
								-					_

The state of the s

referos Ismed - .Jos

applied initiated promise of the parties and an experience of the parties of the

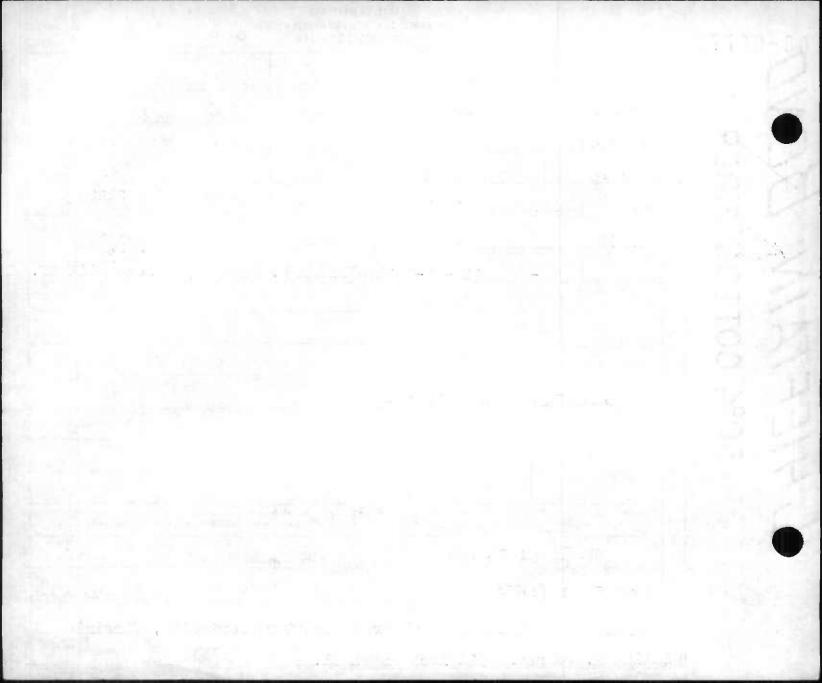
Table 15 and 15

215-01-257 Mr. Merman C. Broom - and was 150

interior in the second

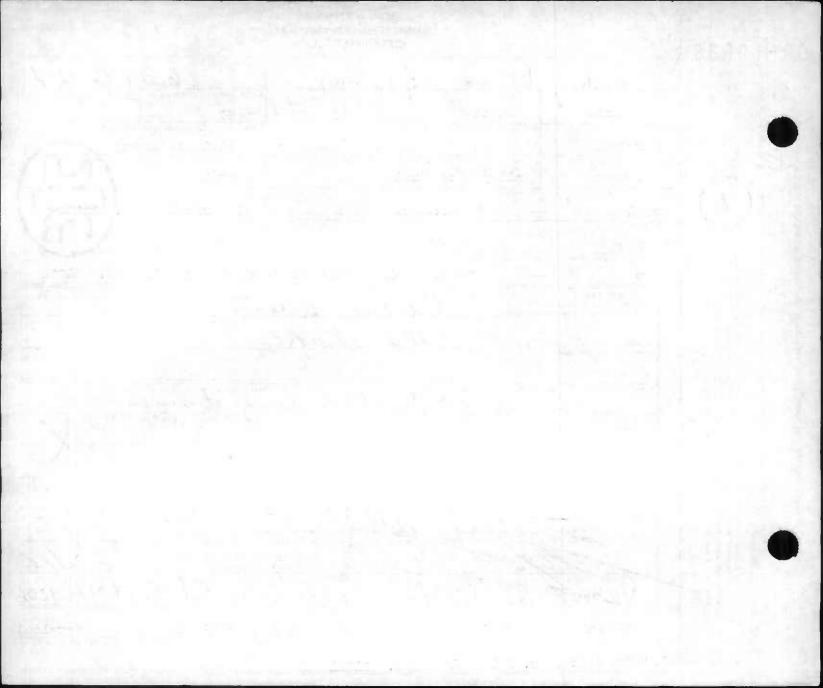
. . . elinitis o benefit o office.

-09776	L	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	REG. N		97	3
be og be deoth	[TYPE		RE	MIDDLE .	BR	DWN	20 DATE OF DEATH	-86	6	20 PM
ector. po	3. SE	EMALE	4 RACE	HITE	5. DATE O		6 AGE (IN YEARS LAST BE	YRS	HS DAYS HOU	NDER 2 John RA
1813	V	RTHPLACE ISTATE OR FOREIGN	1	WHAT COUNTRY?	WIDOWE		BALT IN	DRE (	Coupt	- 4 MD.
b / 30	1-	TOWSON	(IF NOT IN SU	CH FACHLITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	SALESPET	SON	CLOTH	ING
135	13a. S		OR OTHER INSTITUTION UNITY LTIMORE	130. CILY OF TOW 21239	ADMISSION)	136 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE OCH	21239	27.
1 230		ATHER'S NAME WILLIS	MIDDLE	MORGAN		15 MOTHER'S MAIDEN NA NORA	WIDDIE		YANT	
be esecution on the property of the property o		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	220-07-		WILLIAM K	BROWN 65		239 h Hill APPROXIMATE II BETWEEN ONSET	
reference the deoth ce and by the ottending The please remove corb in the complex remotion, or re-	TION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  Daniel	DUE TO, COLOTIONS C	HNUTRI	DEATH BUT					
The loss of the lo	CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING			OPERATIO	WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING		
G Privisional physical programmer in the burnel from the burne	MEDICAL CI	OR CONTRIBUTING CAUSE OF INF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	.M. MONTH DA	19	216 HOW INJURY OCCUR	CITY OR TO		COUNTY	STATE
PITAL OR ATTENDENT by the houping or of ERAL DRECTOR Attendent or of Shorte Dept. of Health ANT, if Been 21 is more		22a.l certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	on 6-16 poi) view the bod		8 <u>C</u> , on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	deoth occurred on the c			IED
To Further American	230	ROBERT L BURIAL, CREMATION, REMOV	BERTO AL 1236, DATE	1236	NAME OF C	7626-	YORK RD	Towson	MDS	1204
BP DHMH - 16 60M 7/84	24 F	Burial UNERAL DIRECTOR	6/19	/86 02	ak Gr	rove Cemete	CITY OF TOWN	th Vi	rginia SSIGNATURE	STATE
(VRA 15, 4)	Wi	lliam E. Jo	hnson 8	3521 Loc	h Ray	ven Bl. J	UNA 8 1986	Caller action	2400	



4	•
•	
u	
	G.
-	7
	7
0	
212	
-	
ANI	
7	
W	
ž.	
RE	
MOS	
ALT	
60	
15	
2	
0	
RES	
Œ.	
3	
-	
20	
RDS.	
Ö	
2	
OC.	
TAL	
5	
ö	
2	
Sio	
5	
ă	

	1				STATE OF MARY	<b>LAND</b>		-9 4
0-10838	1.	FOR STATE REGISTRAR		DEPARTMI	ENT OF HEALTH AN CERTIFICATE OF		IENE 3 6	5 9 / 4
0-10030		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH MONTH E	OAY YEAR 26 HOUR
4 75	HAP	FOR PRINTI AUGITEU	Virginia	K	mulason	2	62	986 12 48 m
for do	3, SE		4 RACE		5. DATE OF BIRTH	1		IF UNDER 1 YEAR IF UNDER 24 HRS
4 9 94	1	Female	White		09 03	18	67 YRS	AONTHS DAYS HOURS MIN.
1 32 02	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	MARRIED NEVE	D ALADDIED T	9 BALTIMORE CITY OR COUNTY	OFDEATH
1 V 2		Maryland	USA			DIVORCED 🖾	Baltimore Cou	nty MD.
190	ALC.	Towson	Valley Vi			STITUTION	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Retired	176 KIND OF BUSINESS OR INDUSTRY
( * 7	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT	NTY I3r. C	SIDENCE BEFORE A ITY OR TOWN altimor	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 936 Arncliffe 1	Rd. 21221
	-	ATHER'S NAME	1.0	QI CIMOI	1.00	R'S MAIDEN NAA		Mu. ZIZZI
100	p	John  WAS DECEASED EVER IN U.S. AF		aylis		FIRST	(unknown)	LAST
A Page 1	100		WE WAR OR DATES	0CIAL SECUR 7 <b>–12–</b> 00			nti 936 Arncliff	e Rd. 21221
		18 CAUSE OF DEATH (Enter of	nly one cause per line fo	r to), ( ond	C			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atter out of the control of the cont		PART I. DEATH WAS CAUSE IMMEDIA	ED BY: .TE CAUSE (a)	a	rdiaco.	arre	al	
on the control of the			DUE TO, OR AS A	CONSEQUEN	ICE OF	- 6		
den den den		Conditions, if ony, which gove rise to immediate	(b)	of	d sh	one		
W. Pa		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A	CONSEQUEN	ICE OF			
dures of the please of the ple	NO.	PART 2 OTHER SIGNIFICANT		BUTING TO DE	ATH BUT NOT RELAT	ED TO THE/ERMI	INAL DISEASE OP CONDITION GIVE	EN IN PART I to
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION	FOR WHICH O	PERATION WAS PER	FORMED	AUTOPSYT 206. IF YES	, WERE FINDINGS USED
111110	I	138 St. W.					VES NOM YES	YING CAUSES OF DEAT
T State of S	18	710. ACCIDENT WAS UNDERLYING			21c HOW	INJURY OCCURR	ED (HHITE HATURE OF HURY IN ITEM 18 PA	ART I OR PART 2)
5 0 111	13	OR CONTRIBUTING CAUSE OF DE	ATT.	MONTH DAT	19			
S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL	216 INJURY OCCURRED	21e PLACE OF IN.	URY	211 LOCA		City DicTgwile	COUNTY STATE
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 3	MHILE NOT WHILE	TAT HOME, STREET, PAG	TORY, OFFICE PAR	01	1 011	1/20/	6/
N N N N N N N N N N N N N N N N N N N		27s.1 certify that (I) (the hosp	A Property of the contract of	aged from	, 5/22	10 84	to 6/29/	19 that it (mailant
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		sow the deceased alive or above, (I) (waspite) (did no		legth. 19	and that in (m	y) awi opinion d	leath occurred of the duteland hour	and from the causes stated
A Park		77b. SIGNATURE	mus	Ry	DEGREE	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	6/20/P6
E4 9113T	1	THE PHYSICIAN'S NAME LUPE	BR PRINT)	4	22e ADDR		O A A A	115400
O HOSPITA TO FUNERA Model by With the State Model be de		VUDATO	NOUT	EN	63	331 Be	elais Rd Ba	en Md 21206
200		BURIAL, CREMATION, REMOVAL			ME OF CEMETERY O		23d LOCATION	COUNTY STATE
BP	74 5	Cremation UNERAL DIRECTOR	6/30/86	Gre	een Mount		Baltimore  REC'D. BY REGISTRAR 256. REGISTR	Maryland
DHMH - 16 60M 7/84		NAME	7 2010	ADDRESS		JUN	Z 1 1616 . STREGISTRARIZIO. REGISTI	TAN S SIGNATURE
(VRA 15, 4)		. Alan Seitz,	r. 3818 Ro	Land A	re. 21211	0011	0 0 1980 1	Aud



- STATE REGISTRAR

Barnes Robertson, Niece, same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY G, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 220 DATE SIGNED Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 9705 Belair Road DHMH - 16 60M 7/84 SCHIMUNEK FUNERAL HOME, Balto. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

YEAR

INDUSTRY

2b. HOUR

12b. KIND OF BUSINESS OR

State of MD.

LAST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X 26 HOUR (TYPE OR PRINT) OF E S FOR YOUR FILES.

D. WILLIA 72 HOURS EDWARD DATE OF BIRTH DEATH MATED T6-1-86 3. SEX 4. RACE 6. AGE (IN YEARS 7d HOUR IF UNDER 24 HRS DATE 72 BIRTHOAY) June 28 1913 PRONOUNCED White Male DEAD 6 - 1 - 866:53P 10 To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Georgia Baltimore County DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS Roofing (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Roofer FranklinSquare Hospital Essex USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 325 Ida 30. STATE 13CCITY OR TOWN 13d. INSIDE CITY LIMITS? 113b. COUNTY Baltimore Essex Avenue Maryland NOXX YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE LAST Bullock Wilev Oney Ramsey 17. INFORMANT 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDREST 016 Rosemont Ave (YES, NO, OR UNKNOWN) Joppatown. Md. 216 10 2429 Edward J. Bullock. Son 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFIER DEATH WITH THE STATE DEPARTMENT OF BAITMORE, MARYLAND, 21201 PRIOR TO BURIAN 20 AUTOPSY? YES K NO [ HOUR AM MONTH DAY YEAR 71g. EXTERNAL CAUSE WAS 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 6PM 6-1-8619 self/inflicted 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET FACTORY FARM, ETC.) STREET CITY OR FOWN WHILE AT WORK AT WORK Ida Avenue Baltimore Co.Maryland Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Suicide X death resulted fram; Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED\_ 6-2-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. TYPE OR PRINT St. Stanislaus Cemetery 23d LOCATION 230.BURIAL, CREMATION, REMOVAL 11 JUNE (SPECIEUTIAL) Baltimore, Md. 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1407 Old Eastern Ave (VR A15 ME (5))

	A train will be a	6-
		et many
Settles in the set of the set of the		
ISSES annex as all the very	To be the total	in the st
	NonClass Contin	
A direction 2.5%	SEE OF NEW COURSE	all law?
		153

MEDICAL CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED WHILE AT WORK

STREET, FACTORY, FARM, ETC.)

21e PLACE OF INJURY LATHOME.

Autopsy

21 LOCATION STREET

Hamicide

Inspection 3

Undetermined manner

CITY OR TOWN

and in my apinian

STATE

ACTUAL

death resulted fram:

EXAMINER'S NAME TYPE OR PRINT

22s I certify that I took charge of the remains described above, held on

TO MEDIC EXECUTE PAGE 4 S TO FUNEI

**DHMH** - 17 (VR A15 ME (5)) 20M 4/82

CATE, WRITING FORWARDED 1 IOR: PAGE 3 SH THE STATE DEPA

EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW,
TO FUNERAL DIRECTOR: PAGETER DEATH, WITH THE STA

23a BURIAL, CREMATION, REMOVAL 23b DATE

Westview Mem. Pk.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Baltimore City

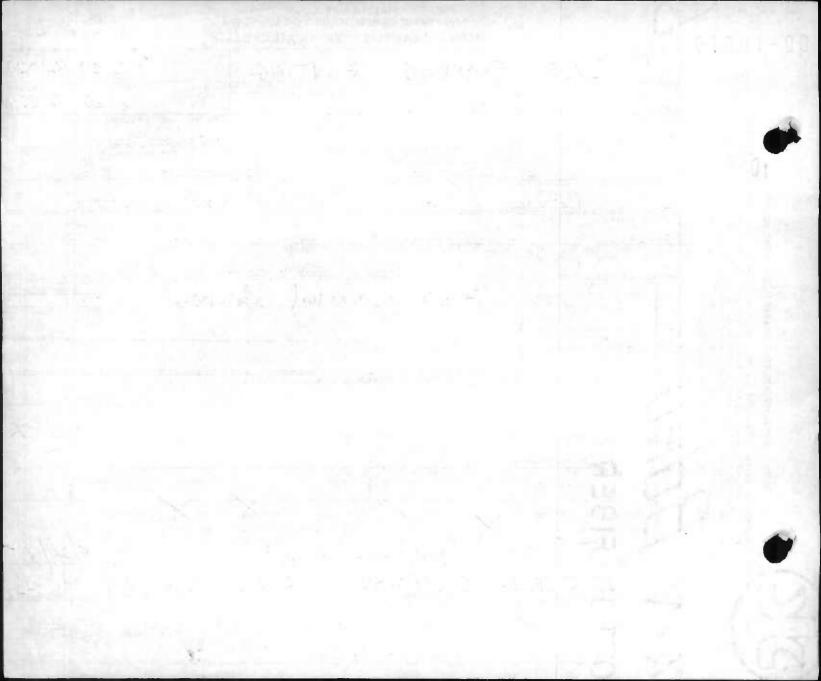
Maryland

Cremation 24 FUNERAL DIRECTOR

Duda-Ruck, Inc. 7922 Wise Ave. Balto Md. 21222

6-23-86

25b. REGISTRAR'S SIGNATURE



injury, or ather traumatic event, the medical

IMPORTANT: If Hem 21 is marked w

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

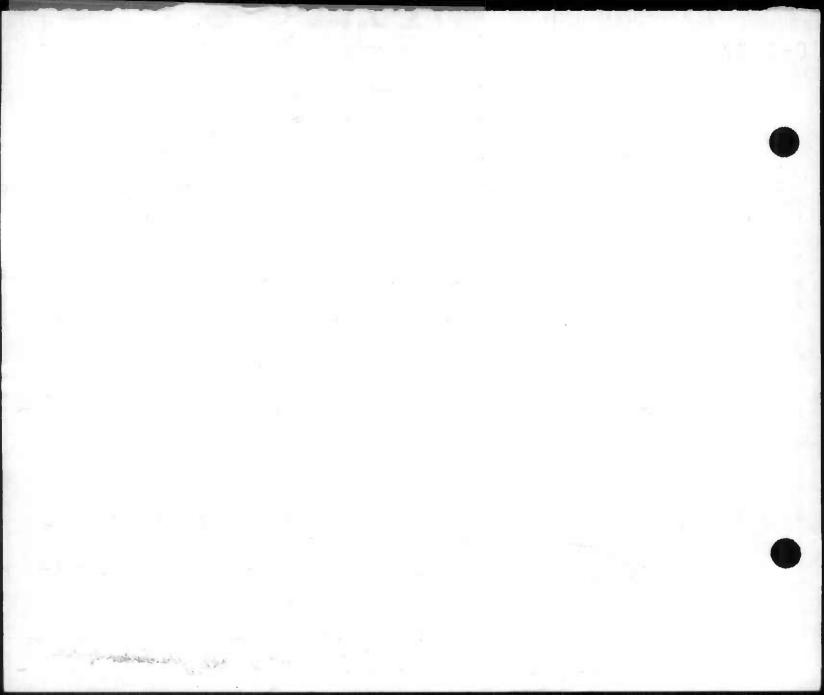
5

1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND	MENTAL HYG DEATH	IENE 8	REG. NO		3 7	•	
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF	DEATH	AONTH D	AY YEAR	2b. HO	UR
LITTE		Olive	ľ	Marie	BU	RNSIDE				6 4	86	3:	20A M
3. SE			RACE		5. DATE C	OF BIRTH		6 AGE (INY		HDAY)	FUNDER I YEAR		R 24 HRS
	Female		Whi	.te	7	14	1898		37	YRS	ONTHS DAYS	HOURS	MIN.
7a. B	RTHPLACE (STATE OR	FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER	MARRIED [	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH		
	aryland		U.S.	.A.	WIDOWE		IVORCED	l B	altim	ore Co	ountv		MD.
10. C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	NOITUTIT	120 USUAL	OCCUPATION	N	12b. KIND (	OF BUSIN	
_	atonsville		Freder	ick Villa	Nurs	ing Ho	me	Sales			Safar		ft Shop
USU 13a :	AL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE BEFORE		113d INSIDE C	TITY LIMITS?	13e.STREET A	ADDRESS /	ZIP CODE			
Ma	aryland		imore	Arbutus		YES	NOX	111 Oa			ge 21	229	
14. FA	ATHER'S NAME		AIDDLE			15. MOTHER	S MAIDEN NAM						
	James	N	IDDLE	Williams	S	Ar	nnie		WIDDLE		Ma	hali	а
	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMA			ADDRES	S	110	n ICI-I	.u
(	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	082-07-5	149	Harrie	ett H. C	George	P.O.	Box 1	463 2	3061	
	Canditions, if ony,	IMMEDIATE	E CAUSE (o)	or AS A CONSEQUE	rung	nitis					BETWEEN	XIMATE INTE	3.57
MEDICAL CERTIFICATION	PART 2. OTHER SIGN	NIFICANT CI	onditions co	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH	DEATH BUT	erain,	Bitole	INAL DISEASE  200 AUTO  YES	Ouling	20b. IF YES,	WERE FINDI	NGS USE	TH?
G	210. ACCIDENT WAS UND		HOUR A.	OF INJURY .M. MONTH DA	AY YEAR	21c HOW IN	NJURY OCCURR	ED (ENTERNA	TURE OF INJURY	IN TEM TE PA	RT I OR PART ?)		
CA	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	Ρ,	м.	19								
MED	214 INJURY OCCUR!	THE	21e PLACE	OF INJURY REET, FACTORY OFFICE FA	ARM ETC )	211 LOCATR			CITY OR TOW	'N	COUNTY		STATE
	220-1 certify that (1) saw the decease	(the hospited alive on_	view the bady	- 3 - 19_	86, on	Content of	ATTENDING PHYSICIAN	MEDICAL	STAF			that (1) (causes st	toted
-(	McKay			/		1132	N. Rol	ling R	oad				
	BURIAL, CREMATION,	REMOVAL	23b. DATE	1	IAME OF C	EMETERY OR	CREMATORY	23d LOCA	OR TOWN		COUNTY		STATE
	Buria	al	6/6/86	5 Wor	odlaw	n Cemet	tery	Wood.	lawn	Balti	more M		
24 FI	JNERAL DIRECTOR			ADDRESS		21229	25a, DAJE	REC'D. BY R	EGISTRAR Z	Sh REGISTR	AP'S SIGNA	US ABL	ie .
Н	ubbard Fun	eral !	Home, I		Wilke		JUN	2 6	<b>166</b> 3	A STATE OF THE PARTY OF	-		**

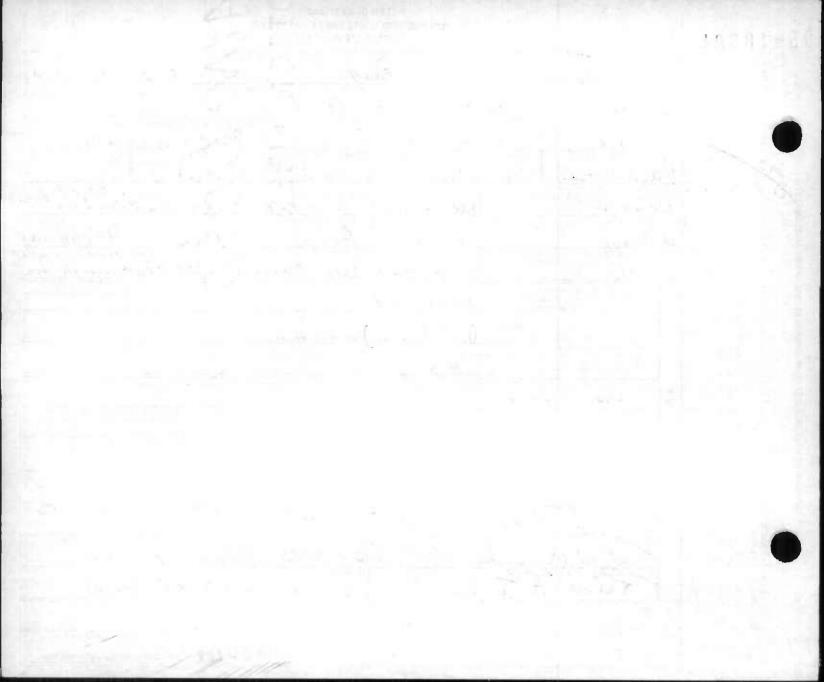
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP



10001	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MEN	NTAL HYGIENE 💍	6 1	5 9	7 9
-10904		REGISTRAR		CERTIFICATE OF DEA		REG. NO.		11
e 6.4		CEASED NAME FIRST	B.	Diasi //	Zo DATE	OF DEATH MONTH		25 HOUR
nay be poge 3	3. SE	EAWARD	4. RACE	S. DATE OF BIRTH	A AGE III	IN YEARS LAST BIRTHDAY)	28 86	6/0 AN
ge 4 m ector, p irs ofter	J. 3E	MALE	black	MONTH DAY	YEAR 30	56 YRS	MONTHS DAYS	HOURS MIN.
2 50 10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.  MARRIED MEVER MAR	RRIED 9. BALTIA	AORE CITY OR COUN	TY OF DEATH	
	1	Md	W5H		RCED	altimore	County	M
135	R	andall stown	Baltimore	County Gene	Hospital ITYPE OF W	AL OCCUPATION PORK FOR MOST OF WORKING		BUSINESS OR
1 1 65		AL RESIDENCE (IF NURSING HOME OF BTATE, 13b. COUP		TOWN 134. INSIDE CITY	LIMITS? 13e.STREE	TADDRESS / ZIP CO	Al Ninh it	ga Au
1 12 /1/1	14. E	THER'S NAME	WIODIE TAS	15. MOTHER'S M.	AIDEN NAME	WIODIE	1	1.1 -
P 100/19/5	IU	Villiam	Bus	rell Anni	-	Mae	HCV	Villiam
Poges Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL VE WAR OR DATES)	SECURITY NO. 17. INFORMANT	Burrell	ADDRESS X	as Vegas	s Nevad
e be		/V()	017-0	2 7024 CU101	ourren	3337 4	top is a constant	AATE INTERVAL
rficote be physicion papers. I movol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	DBY: CARN	omy opathy			BETWEEN O	NSET AND DEATH
Dog e		IMMEDIA						
death of tending of tending or		Conditions, if any, which	DUE TO, OR AS A CONS	dy chief w/ alcohol	Abus			
em em		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS					
a c se		underlying couse lost.	(c) Sep					
signed the plea to buriol, or o	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION C	EIVEN IN PART 10	
	ě		ILUNE			1		110
icion.  te hos been sit permit.  rgiene prior  shows ony ii	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORM	YES T	IN CER	YES, WERE FINDING TIFYING CAUSES ( YES [	
NA DOLE 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LUCIUS A LA MONITA	DAY YEAR	RY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
HYSKCIA Iding plans certif burial-t I Mental	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	~****	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PRICE, FARM, ETC.)  211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
After the cost he of the order marked	1	AT WORK NOT WHILE AT WORK				/		
	-	220.1 certify that (I) this hosp	1/20	131	19_8'6	6/28		hat (I) we lost
R ATTEN hospital RECTOR led for u ipt. of He			ot) view the body ofter death	; 0.10 1.10 1.11 (1.11) 1 (8	opinion death accu	rred on the date and h		
OR A bose ched ched bept.	ы	226. SIGNATURE		DEGREE	ENDING MEDICA	AL STAFF	22c. DATES	SIGNED
부투 보통보고 -		Lahl a	pushin		ENDING MEDICA YSICIAN DIRECTO	OR PHYSICIAN	6/28	
HOSPITA Poined by O FUNER Pould be d		1220 PHYSTCIAN'S NAME ITTE	A Disphra	22-ADDRESS Dalfim	ure Com	1 GENERAL	Hormal	
5 5 5 3 3 4		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CRE	MATORY 23d LC	CATION CITY OR TOWN	COUNTY	STATE
7 BP (19		Burial	7/1/86	Cedar Hill Ceme		ne Arundel	CO	MD
DHMH - 16 60M 7/84		UNERAL DIRECTOR			25e DATE REC'D. B	Y REGISTRAR 25b. REGI		
(VRA 15, 4)	M	arcĥ Funeral H	ome West 43000	Wabash Avenue	JUN 30	1986 June	invidor po	mplatt.



4300 Wabash Ave.

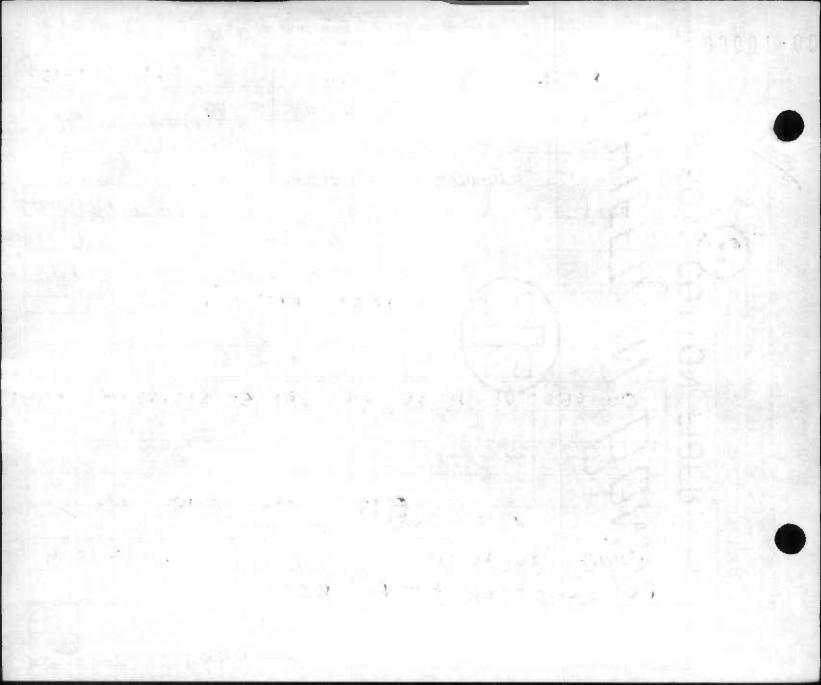
whatlandoon fander

DHMH - 16 60M 7/84

(VRA 15, 4)

Wm C March F/H West

STATE OF MARYLAND



20	
21	
MARYLAND 2	
IA	
N N	
BALTIMORE,	
No.	
E	
BA	
ST.,	
PRESTON	
RE	
3	
× .	
5, 201 W. F	
M 10	
OF VITAL RECORDS, 201 W.	
ON OF VITAL RECORDS, 201 W.	
ON OF VITAL RECORDS, 201 W.	
ON OF VITAL RECORDS, 201 W.	
ON OF VITAL RECORDS, 201 W.	

0-09548

FOR STATE REGISTRAR FASED NAME FIRST	DE		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	5	701
				REG. NO		
OR PRINT)	WIDDLE	t/	AST	20 DATE OF DEATH	MONTH DAY Y	Zb. HOUR
VERA	Buck	BUT				86 6:10 A M
	4. RACE		DAY YEAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	DAYS HOURS MIN,
			. 9 1909	76	YRS.	
ennsylvania	USA	MARRIED	D DIVORCED			MD
TOWSON	GREATER BALTIN	MORE MEDICA		(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDU	SIND OF BUSINESS OR JSTRY
aryland Balt	NTY 13c CITY O	RTOWN	YES NO X	13801 Yor	ZIP CODE k Rd., 21	1030
THER'S NAME FIRST  Dr. Anthony	John B	uck	FIRST	WE		Andrews
		L SECURITY NO.	17 INFORMANT		Apt.	. 409
No (IF TES, GA	- 228-	82-8422	Herbei	t H. Butler	r, Sr., 93	314 Cherry
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o), ED BY: TE CAUSE (o) RESPIRA	(b), ond (c)	Hill Rd., 2	0740	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH OURS
Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF RIAL PNEUMO	NIA		2	DAYS
gove rise to immediate couse (a), stating the underlying couse lost			IVE LUNG DISEASE		М	WANY YEARS
		G TO DEATH BUT	NOT RELATED TO THE TERM	ainal Disease or Conu	DITION GIVEN IN PA	ART 110
19a. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO []
	A I I	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PART I OR PA	ART 2)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
22a.1 certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did, ac	6/12	19 <u>86</u> , on	d that in (my) (our) opinion	to6/12 death occurred on the do		om the couses stated
Jely K	OR BRINIS		ATTENDING PHYSICIAN	MEDICAL STAF	F	CIZI84
JOHN REED	, M.D.		GBMC - 6701 N.		21204	
				CITY OR TOWN	COUNTY	STATE
remation	6/13/86	Westvi	ew Cremator	cy Catonsv	ille Bal	GNATURE Md.
	AL RESIDENCE (IF NURSING HOME OF STATE AT Y LAND BALT THER'S NAME FIRST  Dr. Anthony  VAS DECEASED EVER IN U.S. AF  (ES, NO OR UNKNOWN)  18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT PADGET'S D  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	RTHPLACE (STATE OR FOREIGN POINT AND CONTRIBUTION OF WHAT COUNTY)  ennsylvania TY OR TOWN OF DEATH TOWSON  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TOWN OF DEATH TOWSON  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TOWN OR OTHER STATE	RTHPLACE (STATE OR FOREIGN OWN AT PLACE OF ATTE OR FOREIGN OWN AND AND AND AND AND AND AND AND AND AN	White Nov. 9 1909  RITHPLACE (STATE OR FOREIGN COUNTRY)  PART SYLVANIA  USA  USA  WIDOWED DOMORCED  TY OR TOWN OF DEATH  TOWSON  REPAITED BALTINGE MEDICAL CENTER  REPAIDED CE (# NURSING HOME OR OTHER INSTITUTION GREAT HALLING MEDICAL CENTER)  REPAIT 13b. COUNTRY  Baltimore  Cockeysville  IS MOTHER'S MADE  PIRST  Dr. Anthony  John  Buck  MEDICAL CENTER  IS MOTHER'S MADE  PIRST  Dr. Anthony  John  Buck  Myrtle  LAST  BALTINGE  MODULE  LAST  BACTERIAL  MODULE  LAST  BY THER'S NAME  PIRST  Dr. Anthony  John  Buck  Myrtle  15 MOTHER'S MADE  MYSTLE  MODULE  LAST  BUCK  MYSTLE  MODULE  LAST  BACTERIAL  PREMONIA  (# YES, GNE WAS OR DATES)  RESPIRATORY FAILURE  DUE TO, OR AS A CONSEQUENCE OF  CHRONIC OBSTRUCTIVE LUNG DISEASE  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS CAUSE OF DEATH  (# ETHER HOMES WAS UNDERLYING OR PERMIT)  AT WORK  AND WHICE OR PERMIT)  AND WHICE OR PERMIT)  210. ACCIDENT WAS UNDERLYING OR PERMIT)  211. ACCIDENT WAS UNDERLYING OR PERMIT)  212. CERTIFY HOLD AND WHICE OR PERMIT)  213. NAME OF CEMETERY OR CEMETERY OR CREMATION, REMOVAL  214. INJURY OCCURRED  AND WHICE OR PERMIT)  215. CAUSE OF DEATH  (# HOME STREET, FACTORY OFFICE FARM ETC)  AND WHITE  PM. D.  URRIAL, CREMATION, REMOVAL  216. PLACE OF INJURY  (AT HOME STREET, FACTORY OFFICE FARM ETC)  ATTENDING  PHYSICIAN  PHYSICIAN  PHYSICIAN  212. NAME OF CEMETERY OR CREMATORY  PHYSICIAN  PHYSICIAN  PHYSICIAN  212. NAME OF CEMETERY OR CREMATORY  SPECERY  SPECERY  PHYSICIAN  PHYSICIAN  SPECERY  PHYSICIAN  PHYSICIAN  212. NAME OF CEMETERY OR CREMATORY  PHYSICIAN  PHY	White Nov. 9 1909 76  RITHPLACE (STATE OR FORLOW)  CONDITION OF DEATH  TOWN OF DEATH  THE REST OF TOWN  THERE'S NAME  FROM  THE REST OF TOWN  THERE'S NAME  FROM  THE STAMM  THE ST	### PART I DEATH WAS CAUSED BY    PART I DEATH WAS COUNTY   18   19   19   19   19   19   19   19

Party and the state of the stat

The same	0	de-ti		G	5	3	
		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and complement led in by the funeral director, page 3	should be detected for secus me builder to the prior to burlot, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, the ner contract to have a contract of once.	

BP.

DHMH - 16 60M 7/B-(VRA 15, 4) STATE OF MARYLAND

1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO. 15 9 8 2

Ι.	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0		
	ECEASED NAME FIRST	A	AIDDLE		LAST			EAR 26 HOUR	0
(146	JOAN	f	f (	am	phe II	0	6 22 8	6/1045	. /
3. SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	4	YEAR IF UNDER 24	HRS
	Female	Bla	ck	10	13 32	53	YRS.	DAYS HOURS A	MIN.
7a. B	COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн	
N	1aryland		S.A.	WIDOWE	ED DIVORCED	BALTIMORE	COUNTY.		MD.
10 C	CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURS IN	NG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATE		IND OF BUSINESS	SOR
F	RANDALLSTOWN	BALTIM		TY GEI	NERAL HOSPITA			hool	
130	JAL RESIDENCE (IF NURSING HOME OR STATE  Aryland		Baltimor	VN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE Olk Avenue	21216	
M. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME			
A		obert	Amos		Airetta	MIDDLE	S	tewart	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16h SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
	(YES NOOR UNKNOWN) (IF YES GIV	E WAK OK DATES)	212-28-3	1568	Calvin Camp	bell 4604 N	Norfolk Av	enue	
	18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), an	nd icil.				PPROXIMATE INTERVAL WEEN ONSET AND DEA	A The
	IMMEDIAT	E CAUSE (a)	3000	0/01		02 70	GED		_
		DUE TO, OR	AS ACONSEQUI	ENCE OF	- CA	CACION	400		
	Conditions, if any, which	(b)	PATT	MOIT	7/1	CINOMA			
	couse (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQU	ence of			100		
		(c)							
NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PA	RT Ha	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	INDINGS USED	
TE						YES NO	IN CERTIFYING CA	NO []	?
CER	210. ACCIDENT WAS UNDERLYING	110110 11	INJURY A. MONTH D	AV VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PA	R† 2)	
Y	OR CONTRIBUTING CAUSE OF DEA	110		19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE C			211 LOCATION	CITY OR TO	WN COUN	ITY STATE	16
Σ	MHILE NOT WHILE AT WORK	(AT HOME STRE	EET FACTORY OFFICE F	FARM ETC )	SIREET	CHIOKIO	00014	SIATE	c
	22a.1 certify that (I) (this haspit	tal) attended the	/deceased from_		FFX 19 8	( to PRE)	19 INKE	, that (I) (we)	) lost
	saw the deceased alive an abave, (1) (we) (did) (did no	t) view the body	26 19_	\$6.01	nd that in (my) (our) apinior	death accurred on the de	ste and hour and from		
	226. SIGNATURE	/ View The Body (	oner deoni		DEGREE		226 1	DATE SIGNED	
	Can	Colu	-		ATTENDING PHYSICIAN	MEDICAL STAF	FIAND		
	224 PHYSICIAN'S NAME LYPE OF	R PRINT)			22e ADDRESS	The state of the s			
	GARY C	SHEN			711 6. 4	o's st.	BATO	402	12
23a	BURIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			-
	(SPBURIAL	6/26/	/86 Ar	rbutus	Memorial Pa	rk Arbutus,	COUNTY	Md. STATE	E
	UNERAL DIRECTOR				25a DA	TE REC'D. BY REGISTRAR			-
N	MARCH FUNERAL HO	MES 110	01 FAST I	NORTH	AVENUE TIT	N 25 1986		-thurs-	



TYPE OR PRINTI Mr. Peter Cangelosi 4 RACE 3. SEX 5. DATE OF BIRTH Male September 14 1912 Caucasian O. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Louisiana USA WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Essex Franklin Square Hospital USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS Maryland Baltimore Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN Guiseppe Cangelosi Maria Petar 17 MesMasanta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATES! No 218-46-6246 6691 Brooks PART I. DEATH WAS CAUSED BY: Cardiac Arrest PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Infarction Myocardial Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 220.1 certify that (I) (this haspital attended the deceased from saw the deceased alive an June 17 above, (I) (we) (did) (did natiview by ofter death 86 and that in (my) (aur) apir 22b. SIGNATU ATTENDIN FUNERAL Out by the Shorte PHYSICIA ORTANT 22e ADDRESS Dr. Robert Kass M.D. 9000 Fra

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL

230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATO 23b DATE Burial 6-21-86 Druid Ridge Cemetery BP. 24 FUNERAL DIRECTOR Loring Byers Funeral Directors. Inc. 25a. DHMH - 16 60M 7/84

8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

FOR

DECEASED NAME

- STATE

HYGIENE 8 6 REG. NO.	5 9 8 3
June 17 1986	0.50
6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR OF UNDER 24 HRS
Paltimore County  Baltimore County  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Presser	MD.  12b KIND OF BUSINESS OR INDUSTRY Clothing Store
130 STREET ADDRESS / ZIP CODE 6991 Brookmill Rd.	<b>21215</b>
ra	
Cangelosi ADDRESS	21215
mill Rd. Baltimore	Maryland APPROXIMATE INTERVAL
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 57	7186
ERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 a
200 AUTOPSY? 20b. IF YES, V IN CERTIFYII YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	TORPART2)
CITY OR TOWN	COUNTY STATE
36 to June 17 19	_86, that (1) (we) last
ian death accurred an the date and havr a	nd from the causes stated
G MEDICAL STAFF	6/17/86
nklin Square Driv	e, Balt 21237
	imore Maryland
JUN 20 1986 June vie	R'S SIGNATURE

ar . . Half Solovil 1860 are described Lawrence Comprosed and products of the land

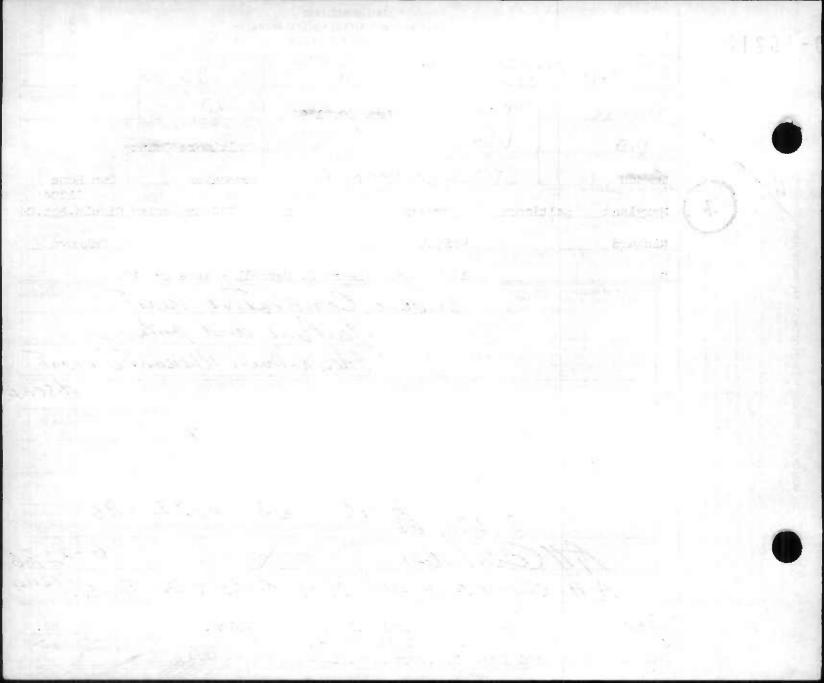
U	death
1201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 how after a retained by the haspital or offending physician.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	thin 24 h
RE, MAR	scuted w
ALTIMOR	te be exe
N ST., B	certifico
PRESTO	he death
, 201 W.	res that t
ECORDS	aw requi
VITAL RI	N: The Id
ION OF	HYSICIA nding ph
DIVIS	VDING P
	OR ATTEN
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Leteland by the hospital or attending physician.
	TO HO

BP\_ DHMH - 16 60M (VRA 15, 4)

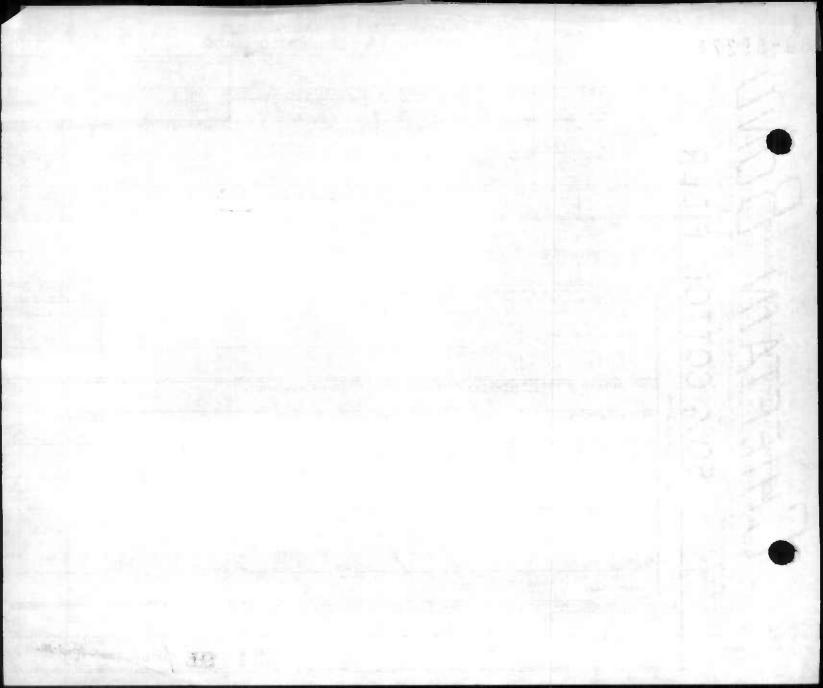
-10218

Page 4 may be

		STAT	E OF MARYLAND		n 12 13 13
FOR STATE REGISTRAR	DEP		ICATE OF DEATH	GIENE 8 6 REG. NO.	5 4 8 4
		W - C	LAST CARROLL	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
HDEIA	De W	LARR	110	6-22-89	
3. SEX	1 RACE .	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H
temple	White		. 20, 1904	82 YRS	
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VIRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
COUNTRY)	USA	WIDOW		Baltimore Cou	ném
IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME		12a. USUAL OCCUPATION	126 KIND OF BUSINESS
Movigon	ST JOSE	10 11	soitale	(TYPE OF WORK FOR MOST OF WORKING	
TOWSON  JUSTUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	-۱۱۱۹۰	Homemaker	Own Home
13a STATE 13b COUN			1138. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
Maryland Balt	imore To	wson	YES NO 15. MOTHER'S MAIDEN N	733 Camberl	ev Circle.Apt.
	MIDDLE	ST	FIRST	WIDDIE	LAST
Richard	Wrig				Unknown
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL VE WAR OR DATES)	L SECURITY NO.	17. INFORMANT	ADDRESS	
NO NO	212-0	9-0659	Henry J. Car	roll - same as	#13e
	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTION  T196, CONDITION FOR W	<u>G TO DEATH</u> BUT		MINAL DISEASE OR CONDITION OF	SIX HEAVE GIVEN IN PART TO disc YES, WERE FINDINGS USED
E E		VHICH OPERATIO		YES NO	TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTION CALLS OF DEA	HOUR A.M. MONTH	H DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
AT WORK AT WORK	2 6 4 1 1 1 1 1 1	6-	10	6-27	8/
	/ 00			deoth occurred on the date and h	
77% SIGNATURE  27% PHYSICIAN'S NAME (TYPE OF	Elulea	les'	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	DOTE SIGNED
22d. PHYSICIAN'S NAME (TYPE O	SHILAI	)1. me	7600 C	95LERDY.	Towson 212
230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	10141
_ Burial	6-24-86	Druid	Ridge	Balto.	county state
24 JUNERAL DIRECTOR NAME Ruck Towson Fune		JRESS	TOIR Ma.	THE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE

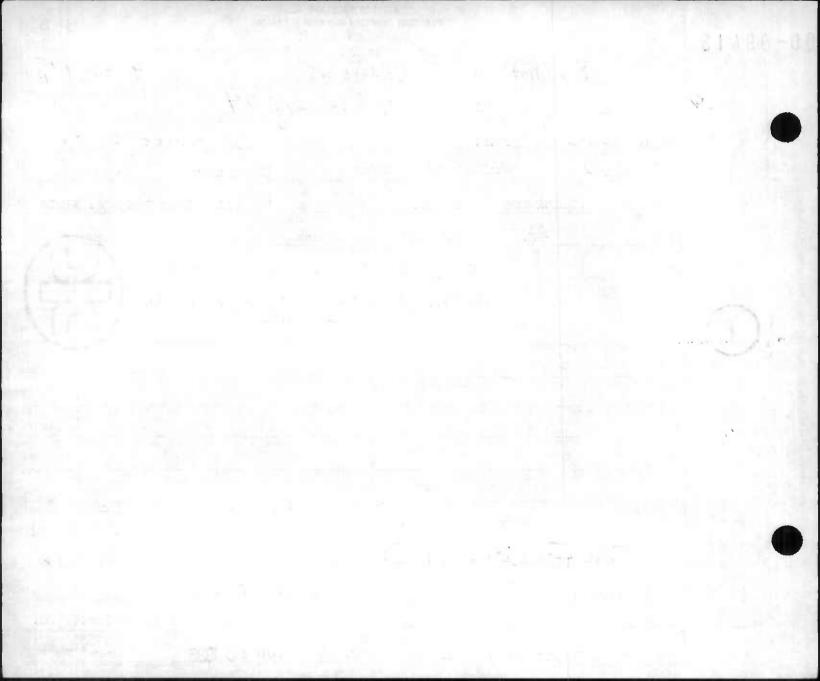


(VR A15 ME (5))



(VRA 15, 4)

	-1							E OF MARYLAND					
00110		1 -	FOR STATE			DEF		ICATE OF DEATH		NE 8 6	1	5 4	8 6
09413	-	DEC	REGISTRAR EASED NAME	FIRST		WIDDLE				REG. NO		AY YEAR 2	h HOUR
moy be poge 3			OR PRINT)	3 ER	RTHA	MAR	CH:	on beas	·	a DAIL OF DEATH	6 9	7 86	9 45 PM
mo)	3	SEX	7	4	RACE		5. DATE	OF BIRTH		AGE (IN YEARS LAST BIR	HDAY)		FUNDER 24 HRS
oge 4	1	r	Emple		Whit		7	28 18	40	94	YRS		NOOKS PAINS
nh Po	7	C	THPLACE (STATE OR F	4	CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIE	D	BALTIMORE CITY O	-		1
deo deo	7		ARULAW Y OR TOWN OF DEP		U.S.A		WIDOW	DIVORCE		13 1 TIE	nore	Coun	MD.
by the		-	Towson		(IF NOT IN SUC Ste)	HEACILITY GIVE	ris Hosp	ice	(	TYPE OF WORK FOR MOST O		Own Ho	
d be d	4	JSUA 30 S	L RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION	GIVE RESIDENCE		1 13d INSIDE CITY LIM	AITS? 13	e STREET ADDRESS	ZIP CODE		
tin 24 fille should		_	yland	Balti	more	Park	ville	YES NO		8116 Cl		nk Rd.	21234
d with	$\wedge$		HER'S NAME	M	IDDLE	LAS		15 MOTHER'S MAIDE		MIDDLE		LAST	
e E C		Joh			J.		mbers	Thersa	1	40000	0.5	Berg	er
ond co	/-	(Y	AS DECEASED EVER		WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDRE			
rs. P	1	10					3-0012	John K. D	ent -	- Same as	#13e	APPROVIM	TE INTERVAL
hysic pope novol			PART I. DEATH W	H (Enter only AS CAUSED	one couse per	ine for (a), (	RIAL S	cleeotics	CIA.	edial UAS	n.h.		ATE INTERVAL
B 8 8		- 1		IMMEDIATE		11010	, , ,	A.S.P.	OSP	COLOU VITS	anaye	1	
eoth	1		Conditions, if ony,	which	DUE TO, OF	R AS A CON	SEQUENCE OF	Cris Ci				1.30	
(Ris deoth			gove rise to imm	nediote	) -/-	P AS A CONI	SEQUENCE OF						
host by by ose ol. cr			underlying couse		(6)	( A3 A COIN.	SEO DE INCE OF						
uires t		z	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS CO	ntributin	G TO DEATH BUT	NOT RELATED TO THE	IE TERMIN	al disease or coni	OITION GIVE	N IN PART 1:0	
een een int Th		CERTIFICATION	9a DATE OF OPERAT	ION	10h CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20h IF YES	WERE FINDING	STISED
n. no born no perm	7	FIC	70 07112 07 07 2777		170 00.10			TO A STEM CHARLED		YES NOT	IN CERTIFY YES	ING CAUSES O	F DEATH?
ysicio ysicio onsit Tygie 8 sho	4	E E	210 ACCIDENT WAS UND	ERLYING	21b. TIME O			21c HOW INJURY O	OCCURRED	ENTER NATURE OF INJUR			NO [
Clarific color mital H	2	_	OR CONTRIBUTING C		HOUR A./	M. MONTH	H DAY YEAR						
HYSinding and his confit or ft		EDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION		CITY OR TO	NN.	COUNTY	STATE
offer the street of the street		2	WHILE NOT WH	ILE	(AI HOME SIR	EET PACTORY C	OFFICE FARM ETC )	STREET					JiAit
NDIN I or Use o Use o I eolti			22a 1 certify that (1)			e deceased f	(-1	, 19_	83	10 6/9			ot (I) (we) lost
Spito CTO I for			sow the decease above, (I) (wg) (d	id olive on _ lid) (did not)	view the body	ofter death.	19 56.0	nd that in (my) (our) a	pinion dec	oth occurred on the do	te and hour	and from the co	uses stated
OR , or hor bothed Dept			226. SIGNATURE	25	.00-		- Tim	DEGREE	ING /	MEDICAL STAF	F	22c. DATE SK	GNED
by the by the ERAL edete dete Stote			22d PHYSICIAN'S NA	100	wei	leu	10			DIRECTOR PHYSIC		6/4	186
OS OS	/	И	1 . 1	ME (TYPE OR	PRINT;		MT	C+ (	110	maric			
TO H TO F Show with IMPO	2	20 D	KEWCa	PEMOVAL	23b DATE	IER	17 NAME OF	EMETERY OR CREMAT	TORY	123d LOCATION			
BP		(5	PECIFY)  Tial	KEMOVAL	6-12-8	36		seph's Tex		Cockeysv	ille.	Balto.	, Md.
	2	_	VERAL DIRECTOR		0-12-0		1050 3			EC'D. BY REGISTRAR		AR'S SIGNATUR	RE
DHMH - 16 60M 7/84 (VRA 15, 4)		Ruc	k Towson	Funera	1 Home		PRESS	.Md. 21204	JUI	13 1988	Lutan	mindows - A	Smiletine .

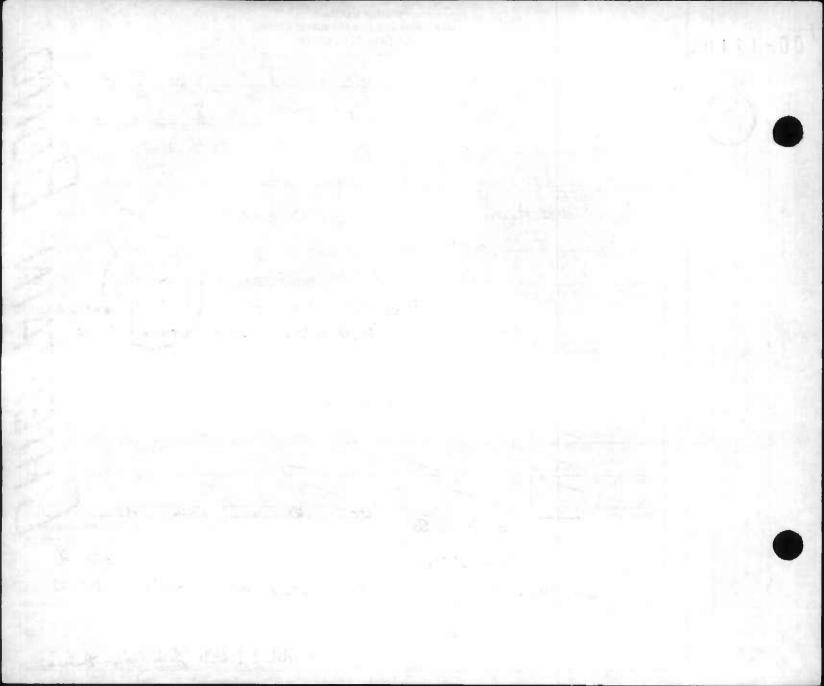


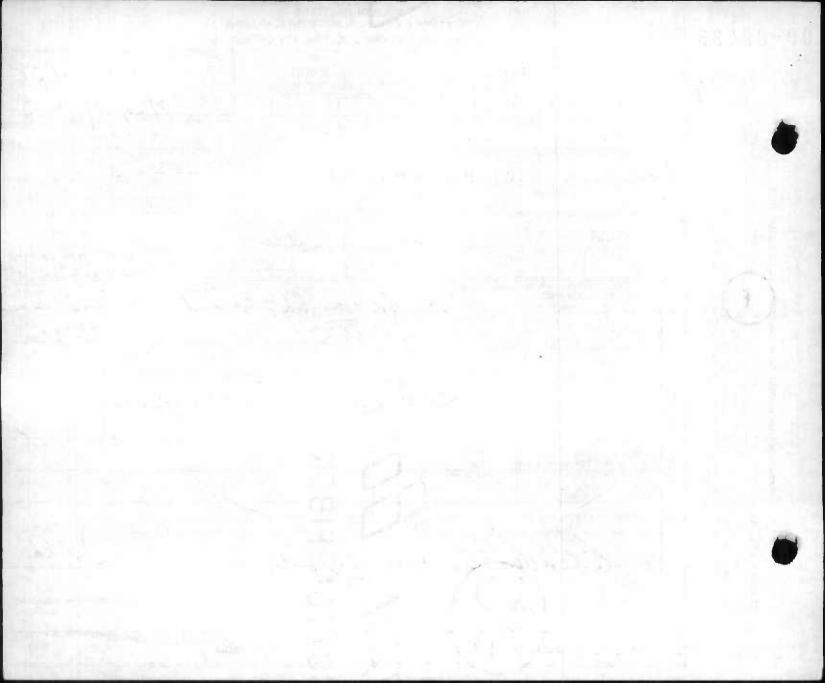
2   0 4	FOR STATE REGISTRAR CEASED NAME FIRST	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	5 9 8 /
	E OR PRINT	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6/2	UNDER I YEAR IF UNDER 24 HRS
(G )	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT COUNTRY	11 18 1898	9 BALTIMORE CITY OR COUNTY C	DF DEATH
	USA-	11. NAME OF HOSPITAL, NURS HE NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DIVORCED DIVORCED DIVORCED	By Himon  12a USUAL OCCUPATION  (Type of work for most of working life)	e County MD  126 KIND OF BUSINESS OR INDUSTRY
		PICKETS CIL	1 RETIFERENT HON	Typist	Insurance
1027	STATE 136 COU	THEM Glen		13e.STREET ADDRESS / ZIP CODE	r Rd. 2105
130	John	T. Lanha	Annie Annie	ADDRESS	Powell
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN)   I IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 215-01	-865 m Dato	Ren pr. 5932	Northwood D
physical properties of the properties of the physical phy	PART I. DEATH WAS CAUS	nly one couse per line for 101, (b), o ED BY. TE CAUSE (a)	Engethi Heart	Faction	BETWEEN ONSET AND DEATH  3 4 ELLA
by the ottending case remove carbolic cremotion, or rather troumatic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c)	mertin	1 Ancimonia	1 year
Then ple to buric injury, o	PART 2 OTHER SIGNIFICANT	9: 1	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART IIo
cote hos been signored on signored to the sydiene prior to the sydiene syd	190 DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF THE CONTRIBUTION CONTRIBU		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT 1 OR PART 2)
s the buriol-t h and Mental riked of Item	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM, ETC.)	OWOI SO YII)	COUNTY STATE
for use of Healt	220.1 certify that (I) (this hasp	ottob attended the deceased from  G. 2019  otto view the body after death.	, and that in (my) (aur) opinion	death accurred on the date and hour	that (I) (well ast
of District	22b. SIGNATURE	Mantey	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6.74 SO
MPORTAN	22d. PHYSICIAN'S NAME (TYPE	ORPRINT)  ALLEY	6151 CHESTAL	TAVE, TOWSON	1 MOZILOG
230	BURIAL, CREMATION, REMOVAL (SPECIFY)  Removal	23b. DATE 23c 6-24-86	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME Anatomy Board

Balto., Md. JUL 1 1 1986 Julia Dividen Landare





## FOR 1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OL	150	0	0
86	157	O	٦

	REGISTRAR		CERTIF	ICAIE OF DEATH	REG. N	10101
L.	DECEASED NAME FIRST	WIDDLE	0	AST	20. DATE OF DEATH MO	NIH DAY YEAR 26 HOURS
1,	ECILIA	M. (	LIER	. /	JUNE	23,198611 Pm
3.	SEX	4 RACE	5. DATE C	OF BIRTH	6. AGE /(IN YEARS LAST BIRTHD)	
-	Female	Caucasian	3,⊸]	L6-1896 YEAR	90	YRS. MONTHS DAYS HOURS MIN.
70		76. CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF BEATH
	MO.	USA	WIDOWE		- Baltimo	re (bunt V MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES)		OR OTHER INSTITUTION	126 USUAL OCCUPATION	
	10WSON	Stella Mari	ls Hospi	lce	Housewife	
U: 13	SUAL RESIDENCE (IF NURSING HOME OR IN 13b. COUN Balti	other institution give residence b TY 13c CITY OR T More Baltin	OWN	134 INSIDE CITY LIMITS	P 134 STREET ADDRESS / Z	P CODE 21222 orth Point Road
1.4		HOTE DATCH	IDIE	YES NOWS		Tur Forme noad
14.	FATHER'S NAME LEO FIRST	walter LAST		Magdalen	MIDDLHer	Z tasi
160	WAS DECEASED EVER IN U.S. ARA			17. INFORMANT	ADDRESS	
	NO OR UNKNOWN) (IF YES, GIVE	213-03-	-8938	Samuel R. M	liller 1213 Old	North Point Rd.
F	18 CAUSE OF DEATH (Enter anl	y ane cause per lime for (o), (b	, and (cs.)	. ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	ECAUSE (a) Kena	1 -	allure.		
	WWEDIAN	DUE TO, QAAS A CONSE	OUENICE OF	. 0		2 6
	Canditions, if any, which	Disease				
1.	gove rise to immediate cause (a), stating the	(b) MATERI	OUTUGE OF			
ı	underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF			
П	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I to
2						
CESTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED
1	1 SUSSECTION 18				YES TO NOT	N CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
18	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	D.111 W.5.1.D.	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	HITEM 18 PART I ORPART 2)
14	OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	1 1 1 1 1 1 1 1 1 1 1		
1 2	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
13	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC )	STREET	CITYORIOWN	STATE
1	220.1 certify that (1) (this haspit	ral) attended the decreed fro	omH	15 19 8	6 10 6/23	19 86, that (I) (we) last
	saw the deceased alive on	6/23/84		nd that in (my) (our) opin	ian death occurred on the date,	and haur and fram the causes stated
Е	obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body other death.		DEGREE		22c. DATE SIGNED
	(K)CFau	lleree M	20	ATTENDING PHYSICIAN		NO
1	224. PHYSICIAN'S NAME (TYPE OF	PRINT)	11-	22e. ADDRESS		
	Kendall Ta	culkner	M.D.	Stella	Maris	
23	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATO		MAOUNTY STATE
	Burial	6-26-86	HOLY Red	deemer Cemet	ery Baltimor	e, Mayori
24	Schimunek Funera	1 Home Inc.		25a.	DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	3331 Brehms Lane	Baltimore.	Md. 21:	213	Un. 24 1986	- whom-bundales
	the second secon					

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

certificate has been signed by the attending physician and ca

njury, or other troumotic event, the in to buriol, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detoched for use with the Stote Dept, of He line of IMPORTANT: If here 21 is more

TO FUNERAL DRECTOR. A should be detached for use with the State Dept of Heal IMPORTANT, if hem 21 is m

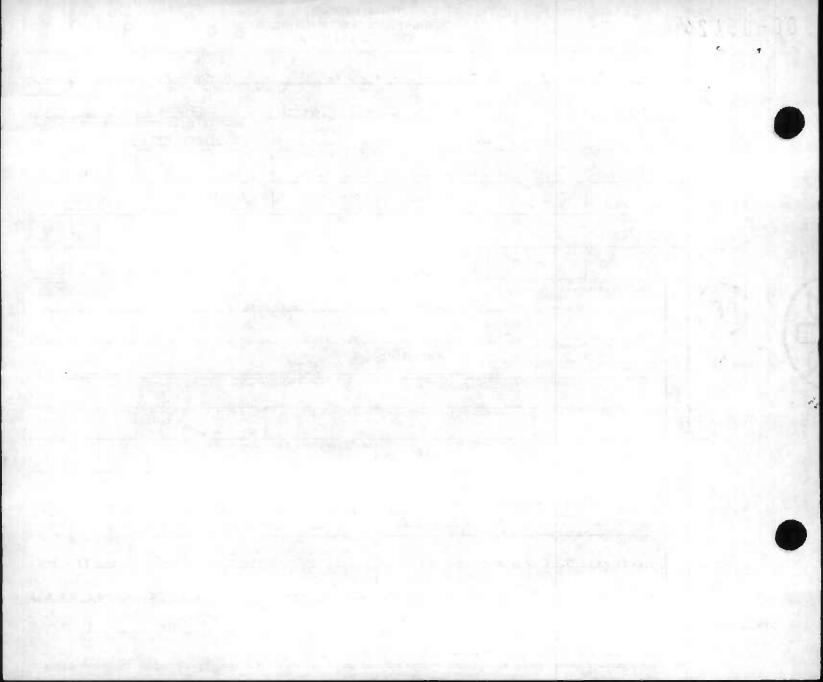
DHMH - 16 60M 7/84 (VRA 15, 4)

## 00-094241- FOR DEPARTMEN

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

, 200	1	20.00	.3	9	0
6	1	2	,		1
PEG NO					

4		REGISTRAR										
		CEASED NAME	FIRST	1	MIDDLE		LAST	20 DATE	OF DEATH MONTH	DAY YEAR	2b HOUR	
	1		rat	1	the	-	lank		00-11	-1980	112 129 M	
1	2.5E)			4 RACE		5. DATE O	OF BIRTH	6 AGE (P	N YEARS LAST BIRTHDAY)	IF UNDER I YEA	R IF UNDER 24 HRS	
24	2	Fema	10	141	nite	MONT	- 01- LOO		86 YRS	MONTHS DATE	S HOURS MIN.	
H	Ja. 50	RTHPLACE (STATE OR		76 CITIZEN OF		TRY? 8.	D NEVER MARRIED	9 BAITIM	ORE CITY OR COUN			
7	M	IARYLAND		U	SA	WIDOW			LTIMORE CO	UNTY	MD.	
7	1	TY OR TOWN OF DEA		CIENOT IN SUC	HEACHITY GIVES	STREET ADDRESS)	OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WORKING		OF BUSINESS OR	
/	100	NDALLSTOWN		BAL	TIMORE	COUNTY	GEN. HOSP.		OUSEWIFE		HOME	
3	130. S	AL RESIDENCE (IF NURS TATE MARYLAND	13b COUN BALT	ITY	13c CITY OR	BEFORE ADMISSION) TOWN LLSTOWN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET 861	TADDRESS / ZIP CO	RD. #2	21133	
Ž,	14 FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN N	IAME	WIDDLE			
ĸ.	1	SOLOMON			SAC	HS	BES	SSIE	Model	Si	EGEL	
	60 V	NO UNKNOWN)		MED FORCES?		SECURITY NO	17. INFORMANT MRS	RUTH	SMPTHS			
	100	NO	(11 723, 017	t WAR OR DAILS	219-3	2-08551	8611 LUCER	ENE RD.	RANDALLST	YOWN, ME	21133	
		18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b	), and (c).)				BETWEE	DXIMATE INTERVAL NONSET AND DEATH	
VI		PART I. DEATH W		D BY: E CAUSE (o)	Cust	100 20	are she	uch.				
/		A STATE OF THE STATE OF				EOUENCE OF		1				
		Canditians, if any,	which				0. 5 5 45 1					
П	100	gave rise to immediate										
		cause (a), stating the underlying cause last										
П		BART 2 OTHER SIGN	DEIC ANIT C	(c)	ANITRIALITING	TO DE ATH BUT	NOT BELLYED TO THE TER	ALLIN DICE	C5 00 C0 ID VIO I	1		
U	Z O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									l a	
1	CERTIFICATION	190 DATE OF OPERA	TION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AU	200 AUTOPSY? 206. IF YES, WERE FINDINGS US			
	PFIC							YES []	IN CER	TIFYING CAUSE	S OF DEATH?	
	ER.	710. ACCIDENT WAS UND	DERLYING T	21b. TIME OF INJURY			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR					
f.	ILLUTTION IN	OR CONTRIBUTING	AUSE OF DEA	HOUR A.M. MONTH DAY YEAR				THE CONTENT	TATORE OF INJORE PARENTS	0 1 ART 1 QA 1 ART 1)		
	MEDICAL	214 INJURY OCCURE		21e PLACE	*	19	21f LOCATION					
1	WEI	NOT WH			EET, FACTORY OF	FICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE	
		AT WORK AT WOR	RK			4)	A// 6	_				
		220.8 certify that (1) saw the decease		Pag. 200					6-11		, that (I) (we) last	
И	1	abave, (1) (we) (a	gig) (gig ua	1) view the body	after death		nd that in (my) ( <u>aur</u> ) apınia	n death accur	red an the date and h			
		22b. SIGNATURE					DEGREE ATTENDING	MEDICA	L STAFF	22c. DAT	E SIGNED	
,		Allan	T-	chin	0.05	M.P	PHYSICIAN		R PHYSICIAN	6	-11-8-6	
		224 PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRESS					
		alle	1.4.	clu	recu	2.4.0	Balt I me	14 0	COUNTY	General	/ Her. D	
		URIAL, CREMATION,		23b DATE		23¢ NAME OF C	EMETERY OR CREMATORY		CATION			
	(	SPECIFY) BURIAL		JUNE 1	2,1986	ANSHE	EMUNAH	CI	BALTIMORE	COUNTY	MARYLAND	
		JNERAL DIRECTOR		LEVINSO			250 DA	ATE REC'D. BY	REGISTRAR 25b. REGI	STRAR'S SIGNA	ATURE	
	6	OlO~REISTE	RSTOW	N RD. B	ALTO. ADDR	"MD 212	215	11111 4 0	7 14	-		



	45-31
	. 2
	-6
	. 6
	- 4
-	- 0
0	
2	- 3
gan-	- 0
CI	-2
0	146
Z	.24
≪	16
	- 3
>	- 2
OK.	3
<	-
5	- 2
	- 6
LLI	- 6
OK.	- 9
0	- 2
5	17.
=	- 8
	- 40
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	:2
60	- 07
	.30
	7
is	- 2
	- 5
-	
0	- 1
10	- 9
iii	- 65
OC .	14
0	2
2.	
3	-
_	2
0	-
2	V2
	2
S	5
0	0
OK.	0
0	-
0	\$
W.	0
LL.	0 0
and a	40
4	F 3
=	179
>	ZZ
M.	4 T
0	()
_	= 0
6.	0, 5
0	70
10	0. 0
=	10 E
2	0 0
0	2
	00
	7 -
14	ш о
	F =
	Z 07
	0
	02 -
	0 0
_	- 4
	4
	= >
	0 0
	0 0
	0 0
	I
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.
	0 9
	See pro

00-088

				STAT	E OF MARYLAND		- 0 0 1
0001	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 6	5 4 9
10		CEASED NAME OR PRINT! HE DWI	Hedwig MIDDLE		LAUSEN	20 DATE OF DEATH MONTH	86 4.44pm
8	3. SE		4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
000	1	Female	White		ber 25,1904_	81 YRS	
52 Cyc)		RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D MEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
15/6/		Germany	USA	WIDOWI	DIVORCED	Baltimore Co	
38	Т	TY OR TOWN OF DEATH  OWSON	11. NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREET  St. Josephs Ho	ospita		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI Housewife	126. KIND OF BUSINESS OR INDUSTRY Homemaker
35	13a. S	TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JNTY 13(. CITY OR TOV Cockeys	VN	13d INSIDE CITY LIMITS? YES NOXXX	13e STREET ADDRESS / ZIP COD 11 Hillary Way	#21030
TORO		THER'S NAME FIRST  Martin	Apel Apel		15 MOTHER'S MAIDEN NAM	n by the Informa	
Poges		VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, C	THE WILLIAM CONTRACTOR		Mr. Robert J	Toseph Clausen,	
physical papers noval.			only one cause per line for (a), (b), or SED BY.  ATE CAUSE (o).  CARDIE	nd ic	PIRATORY A	#2109 4 RREST	3 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 O WINGTE
ed by the attention of other memory or other memory.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, ORAS A CONSEQU	ENCE OF	EDEMA AND	ESS SYNDROME CONGESTION	
Then proposed to but injury.	NO	ADRTIC VI	TLUE STENOS		PROBABLE A	CUTE MY OCARDI	AL INFARCTION
t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
ol-trons ntol Hyg em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
s the burn and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR Affor use of Health		22a I certify that (this has	pital) attended the deceased from		nd that in (my) (our) opinion o	, ta, death occurred on the dote and ho	19, that (I) (we) last or and from the causes stated
AL DIREC detached ate Dept IT: If Item		226. SIGNATURE 6	Sup.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 06-08-86
should be de with the Store		REYNALDOD	DJUELA-GOMEZ	MID	22e ADDRESS		
≥ + 3 ≥		Burial, Cremation, Remova SPECIFYI Burial	6/10/86 D	ulane	EMETERY OR CREMATORY y Valley Mem	23d LOCATION CITY OR TOWN Timonium, Ba	alto. Co., MD.
H - 16 60M 7/84 VRA 15, 4)	24 F	INERAL DIRECTOR NAME emmon-Mitch	ell-Wiedefeld, 1	imon 0W. I	ium, MD. 250 DAT Padonia Rd.	REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

thursday, AND AND THE STATE OF or con a compania to the compa ber less Bolton one oche alle alle alle alle alle alle in the control of the Armer of Sternard Television Committee and The Steel Stee The state of the s Silver a charge same to the many market a still state of Lagrander of the second se

	1	500		STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B C REG. NO.
0804	1. DE	CEASED NAME FIRST	WIODLE	LAST	2a DATE OF DEATH MONTH DAY YEAR 26 HOUR 57
page 3		WINIF	RED A. C	CLAYPOOLE	JUNE 27, 1986 9 AM
4 mo)	3. SE	(	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Poge 4		Female	White	Mar. 28, 1906	80 <sub>YRS</sub>
rol dii		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Pun Col	1	New York	USA	WIDOWED TO DIVORCED	Baltimore County . , MD.
by the f	1	Towson	St. Joseph's	Hospital	126 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) Homemaker Own Home
i p	13a. S	AL RESIDENCE (IF NUR NG HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE
n 22	)	MD	Balto		223 Rodgers Forge Rd.
with letely	M. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIODLE
om omb	1		William Perr		Allcock
n ond co		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRESS
be exe		No	218 70	8579 Mrs. Fran	ncis P. Lucier, Monkton, MD  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
requires that the death ce is signed by the attending. I. Then please remove or or to burial, cremition, or or ty injury, or other traumatic.	TION		Vreenro	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 110
no. no. hos be permit per pri	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED NO ERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
CIAN: The physicide carificote all-tronsit and Hygin and Hygin 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH D	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
inG PHYSI r ottending After this co os the buri ith and Mer orked or It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21a. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN COUNTY STATE
pitol or IOR. Afi for use o of Health		22a.1 certify that (I) (the has	spital attended the declased from	86, and that in (my) fur opinion	n deoth occurred on the date and hour and from the causes stated
TAL OR A y the hosy RAL DIREC detoched rote Dept. VI: If Item		22b. SIGNAPIU	Mina		EDICAL STAFF DIRECTOR   PHYSICIAN
to HOSPITAL etained by the TO FUNERAL should be det with the State	L	COPA CO	cit ( D		t. Joseph's Hospital, MD
		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN COUNTY STATE
BP		Burial		ovans Presbyteri	
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR Henr 905 York Road	ry W. Jenkins& d Balto., MD	Sons Co. 21212	UN 30 1986 July July 2015

WE STATE THE THE STATE OF THE S

When so, the so were

Charles William sarv elso

MO - - A Strong Batto. X 198 For 1391 Forme FA.

in the second state of the

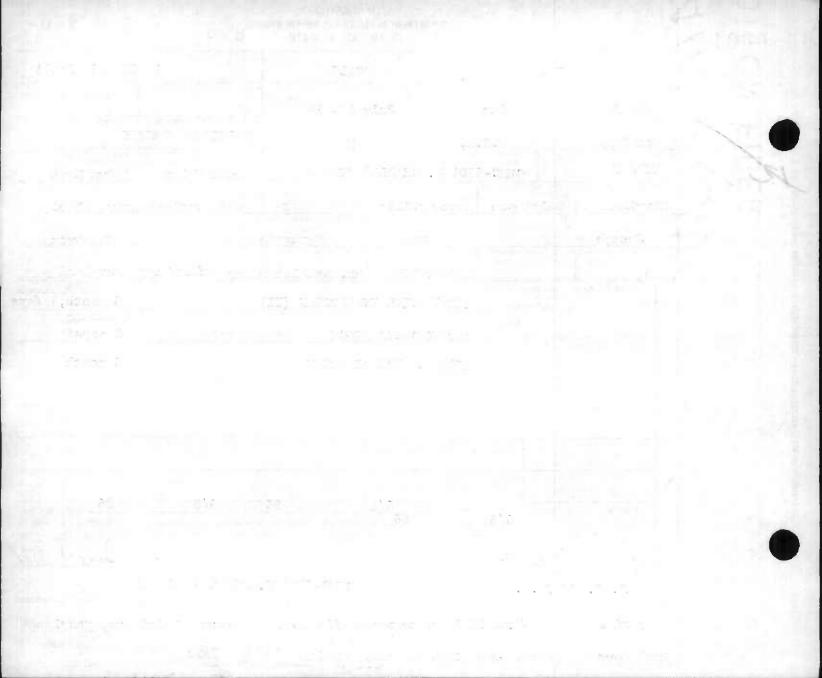
Hand Land Co. Land Hand Co. Line Hand Co.

"And at the control of the control of the control, MD

Sin Id Said News. Enancia P. Lucier, Non-ton, Mc

Charle ( La Langer of Marie 12 17

1881	4	1	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARTLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 3 6	1	5	9	9 3
2.5			CEASED NAME FIRST		WIDDLE		LAST	2a DATE OF DEATH A	HTMON	DAY	YEAR	2b. HOUR
r death			DOR		M.		COALE		6	08	86	5:14A <sub>~</sub>
Her		3. SE	X	4. RACE		5 DATE (		6. AGE (IN YEARS LAST BIRTH	DAY)	MON1	INDER I YEAR	IF UNDER 24 HRS
		1 100	Female	White		Jul	y 18, 1904	81	YRS			
1	8	2	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN O	F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR BALT IMORE			DEATH	
-	2		Maryland ITY OR TOWN OF DEATH		A.	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATION			101 1/10/10 /	OF BUSINESS OR
100	E	1.	TOWSON	GBMC -	-6701 N. CI	HARLE		(TYPE OF WORK FOR MOST OF  Home Make	WORKING		INDUSTRY	Home
	71	JSU 13a	AL RESIDENCE (IF NURSING HOM STATE 13b. CC	OR OTHER INSTITUTIO	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CC	DE		
į	2	_		ltimore	Lutherv	ille	YES NO X	305 Overl			ive 2	1093
9	12	14) F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			LAS	ST
1	S.	/	Joseph		Mora	n	Gertrude					oweth
	medical		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES	? 16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	S			
	The He		No		218-54-0	492	Mr. Hambleton	n Ray Finks	bur	g, 1	Maryl	and
7	÷,		18 CAUSE OF DEATH (Enter	anly one cause p	er line for (a), (b), one	dicus					APPROX BETWEEN	ONSET AND DEATH
	even even		PART I. DEATH WAS CAU	IATE CAUSE (a)_	MYOCARD	TAL I	NFARCTION (II)	)			6 mon	th,4 da
	otic	П		DUE TO	OR AS A CONSEQUE	NCE OF						
	roumatic		Conditions, if ony, which	(b)_	CARDIOG		SHOCK				2 day	'S
	e +		gove rise to immediate couse (a), stating the	DUE TO	OR AS A CONSEQUE	NCE OF						
-	t o		underlying cause last.	(c)_	OR AS A CONSEQUE MITRAL 1	RIGUR	GITATION				6 mon	th
	njury, a	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION	SIVEN I	IN PART 1:	a
	in Sour	CERTIFICATION	190. DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WI	G CAUSES	NGS USED S OF DEATH?
Hygie	8 2	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCCURE			-	_	NO L
Mental	G		OR CONTRIBUTING CAUSE OF		A.M. MONTH DA P.M.	Y YEAR						
	5	MEDICAL	21d INJURY OCCURRED	21s. PLAC	E OF INJURY		211 LOCATION					
	ved ved	X	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TOW	N		COUNTY	STATE
	E S		22a I certify that (I) (this ha	spital) attended	the deceased from	6/1	10 86	to 6/8		10	86	that (I) (we) las
	2 18		saw the deceased alive	6/8	10	86	nd that in (my) (aur) apinian (	death accurred an the dat	e and h	aur and		, , ,
•	E		abave, (1) (we) (did) (did	nat) view the boo	dy after death.		DEGREE				270 DATE	
10	± ±		0 0 7	10 111)			ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	.hczfh		17.	D 18
41.4	Z-7	1	22d PHYSICIAN'S NAME LH	PE OR PRINT)			PHYSICIAN [	_ DIRECTOR PHYSICIA	IN		yung	20,110
200	) RE		J. J. TYE,				GBMC-6701 N	. CHARLES ST	REE	Т		
with the State	No N	22										
	-	23a.	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN			OUNTY	STATE
	-	24 5	Burial UNERAL DIRECTOR	June			ct Hill Cem.					aryland
60M 7	7/84				ADDRESS 1	050 Y		REC'D. BY REGISTRAR 2	D. REGI	Jam	SSIGNAT	TURE
5, 4)		Ri	ck Towson Fun	eral Hom	e, Inc. To	wson	, Maryland	1 9 1900 A	W-00			
						2.	1204					



the funeral director, page 3 at within 72 hours after death

2	9 5 7
4	9
5	8
<b>X</b>	- 0
VISION OF VILAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 2120	TAIDING DUNCIOLANI. The law sequines when clearly perfect to a security of the law and the law of the clear o
4	7
u)	0011
5	2
2	9
Ä	940
;	4
^	920
5	400
	-6
2	- de
\$	004
2	
ć	
5	000
2	-
A .	4
=	
-	IAA
z	20
2	2
>	(
5	4
	2

DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	6	REG. N	10.	5	9		9	É
DIE	LAST	20 DATE	OF DE	ATH	MONTH	DAY	YE	AR	26 ⊢	100
ph	Coccia	June	4,	19	86				5:	30
	5. DATE OF BIRTH	6. AGE	( IN YEARS	LAST B	RTHDAY)	IF U	INDER 1	YEAR	IF UN	NDER
$\Xi$	JULY 21, 1923	6:	2		YRS	MON	THS	)ATS	HQU	R5
A.	MARRIED NEVER MARRIED WIDOWED NOVORCED				Coun		DEAT	Н	Ħ	
ACHLITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) ARE HOSPITAL	12a USU (TYPE OF	WORK FOR	MOST	OF WORKING		126. KII INDUS SH	TRY		
VE RESIDENCE BEFORE	N 134 INSIDE CITY LIMITS?	13e.STRE	ET ADD	RESS	/ ZIP CO	DE				

	1 -	STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEATH	8	REG. NO.	3	1	
		CEASED NAME	FIRST	N	MDDLE	i	AST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR	
	(1117)	Fr	red	Jose	eph	Coc	cia	June 4	, 1986		5:30	
	3. SEX	X	111	4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN	
	1000	MALE		LIHM	E	JULY		62	YF	.s.	TIOURS MIN	
1	7a. Bi	RTHPLACE   STATE OR FO	REIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMOI	RE CITY OR COU	NTY OF DEATH		
ũ		MARYLAND		U.S.	A.	WIDOWE		Baiti	more Cou	nty	M	
9	10 CI	TY OR TOWN OF DEAT	Н		OSPITAL, NURSIN		OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKIN		OF BUSINESS O	
1		ROSSVILLE		FRANKI			OSPITAL		RICIAN		PPING	
Ś			G HOME OF		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e.STREET A	DDRESS / ZIP C	ODE		
2	M.	ARYLAND	BAL!	PIMORE	ROSSVI		YES NO X	9108	ABIGAI	L DRIV	E 21237	
Ä,	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE		IST	
ú		FERDINA	ND		COCCIA		CONCETT	A		MEI	NGA	
	16a V	VAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRESS			
		YES, NO OR UNKNOWN) YES	W.W	. II	212-20-	8408	FERDINAND	J. COC	CIA BAI		2123	
	.1123	18 CAUSE OF DEATH	Enter or	nly one couse per	line for (a), (b), one	lic0		.0	N PART	BETWEEN	XIMATE INTERVAL LONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Superior Vena Cava Syndrome 2 Adeno										
	10			DUE TO, OF	arcinoma	of of	ie Lung					
		Conditions, if any,		(b)			•					
		cause (a), stating underlying cause		DUE TO, OR	AS A CONSEQUE	NCE OF				N 201		
				(c)								
	Z						NOT RELATED TO THE TER Hyperphospha		OR CONDITION	GIVEN IN PART I	10	
-	ATIO	190 DATE OF OPERATION					N WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WERE FIND	INGS USED	
1	FIC	The DATE OF GREAT		1,2,00				YES 🗆		RTIFYING CAUSE		
	CERTIFICATION	71a. ACCIDENT WAS UNDE	RLYING [	216. TIME O	FINJURY		21c. HOW INJURY OCCU				,,,,	
9		OR CONTRIBUTING CA		AIN	M. MONTH DA	Y YEAR						
	MEDICAL	21d. INJURY OCCURRE		21e. PLACE O	OF INJURY		211 LOCATION			COUNTY		
	A	WHILE NOT WHILE	E	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOWN	COUNTY	STATE	
		22a L cortify that Mr.(	this hasn	ital) attended the	deceased from	ay 22	. 19, 86	, toU	ne 4,	19_86	, that K (we) la	
		sow the deceased above, a fine (die	d olive or	June 4,	ofter death		nd that in 🞾 (our) opinion	death occurred	d on the date and	hour and from the	couses stated	
		226. SIGNATURE	/	THE WITH COOR	orrer dearn.		DEGREE			22c. DA/	ESIGNED	
		2110	M	My			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	6/4	1/86	
		22d PHYSICIAN'S NAM		ON PRINTY			22e ADDRESS	lin Com	Due Due	Dal+:	270	
		Ken Curry	טויו	1			9000 Frank	THE Squa	are Driv	e baltim	ore 212.	

230. BURIAL, CREMATION, REMOVED BURIAL 23c. NAME OF CEMETERY OR CREMATORY 73b. DATE JUNE 4, 86 GARDENS OF FAITH 1250 DATE REC'D. 24 FUNERAL DIRECTOR WILLIAM E.

23d LOCATION
CITY OR TOWN

BALTIMORE CO., MARYLAND
EC'D. BY REGISTRAR 25B. REGISTRAR'S SIGNATURE JOHNSON8521 LOCH RAVEN BLVD JUN 5 guna Windson-Mandale

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, cres

MPORTANT: If Item 21

	0
ARYLAND 21201	0
NA MA	***
within 24 hour ofter death. Page 4 may be	1
(	0
pletely filled in by the funeral metter power 3	l <sub>k</sub>
8	0
omner mak he notherd of time	

DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BALTIMORE, M.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR CERTIFICATE OF DEATH

ź	1	100	9	9	
0	1	-			
REG. NO.					

- 1							REG	NO.					
		CEASED NAME FIRS	Elizabe	eth Mackie		AST	20 DATE OF DEATH	1	DAY YEA	20	HOUR		
		Ru		Mackie		ody		6	21 86		:55a M		
	3 SEX		4 RACE		5. DATE O	OAY YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS D		UNDER 24 HRS		
		Female RTHPLACE (STATE OR FOREIGH	Whi		Mar	ch 30,1904	82 9 BALTIMORE CIT	YRS					
7	C	OUNTRY		WHAT COUNTRY?	MARRIE	NEVER MARRIED							
4		ew York	USA		WIDOWE	DE DIVORCED	Baltin		County		MD.		
0			(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)		(TYPE OF WORK FOR MO	ST OF WORKING	GUFE) INDUS	RY	JSINESS OR		
/		ockeysville				Broadmead	Teacher		Edi	icat:	ion		
<1	13a. S	TATE 13b	COUNTY	13c CITY OR TOW	V 1		13e STREET ADDRES			0	1036		
2	_	aryland  Ba	ltimore	Cockeys	ville	YES NO X	13801 Y	ork Ro	oad, I	-30	700		
7	14. FA	FIRST	MIDOLE	LAST		FIRST	MIDDL			LAST			
4		Edwin	M.	Mackie		Cora		DRESS		Fors			
/		VAS DECEASED EVER IN U.  ES NO OR UNKNOWN)  (IF Y	ES. GIVE WAR OR DATES	166 SOCIAL SECUI		17 INFORMANT		Ba	lto., N				
		INO		146-30-3	3250	Elizabeth D.	Barclay,	819 F					
		18 CAUSE OF DEATH IEM PART I. DEATH WAS C	ter anly ane cause per AUSED BY:	/		IFA.	06		BETW	ROXIMATE EEN ONSE	T AND DEATH		
			EDIATE CAUSE (a)	CESPIN	14500	4 141							
		DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if any, which		FULUM	MA	21 1-113/96	2117						
d		couse to stoting the underlying cause las	he DUE TO, O	R AS A CONSEQUE	NCE OF								
			(c)										
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI		NOITION	GIVEN IN PAR	Ha			
	CERTIFICATION	190 DATE OF OPERATION	THE THE	m M	144 C	WAS PERFORMED	200 AUTOPSY?	1205 15	ACC MEDE EIN	2014101	LICED		
2	FICA	198 DATE OF OPERATION	THE COND	IIION FOR WHICH	V WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
	ERTI	210 ACCIDENT WAS UNDERLYIN	NG 121b, TIME C	NE INTITIDY		21c HOW INJURY OCCURR	YES NO		YES		10 🗌		
7		OR CONTRIBUTING CAUSE	110110	M. MONTH DA	Y YEAR	THE HOW INJURY OCCORR	CD (ENTER NATURE OF	AJURY IN HEM I	IN PART I ORPAR	4)			
	MEDICAL	(IF EITHER NOTIFY MEDICALEX.		M. OF INJURY	19	21f LOCATION							
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE FA	ARM ETC )	STREET	CITYO	NWOT	COUNTY		STATE		
		AT WORK AT WORK							10				
		22a I certify that (I) (this saw the deceased all	/	e deceased fram	an	d that in (my) (aur) apinion d	leath accurred on th	date and h			(I) (we) lost		
		abave, (1) (we) (did) (a	did nat view the bady	after death.		DEGREE				ATE SIGI			
		1,1280-	nden	e TH		ATTENDING		TAFF	1	12,1	12		
+		22d PHYSICIAN'S NAME	(TYPE OR PRINT)	Chils		PHYSICIAN _	DIRECTOR PHY	SICIAN	16	141	00		
	67	Ala son	A He	AREN II	(		Dood Co	-1		(T)	21020		
	00 0	WHALL	1001	NC/CIE	L	13801 York		ckeys	ville,	MD	21030		
		URIAL, CREMATION, REMO	0/23 DATE	06		EMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN		COUNTY	-	STATE		
		INERAL DIRECTOR	0/23/	. VV €	estvie	ew Crematory	Catons	ille.	Balto.	Co.	MD		
		NAME ///	artea &	Jawa ADDRESS T	Pimor	nium 210 3 3 DATE	JN 23 198	B full	a July do	losk			
	M	artin D. La	wson, 10	w. Pador	na Ko	bad, Jl	111 60 100	00					

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: Afre should be detached for use as with the State Dept. of Health IMPORTANT. If Item 21 is

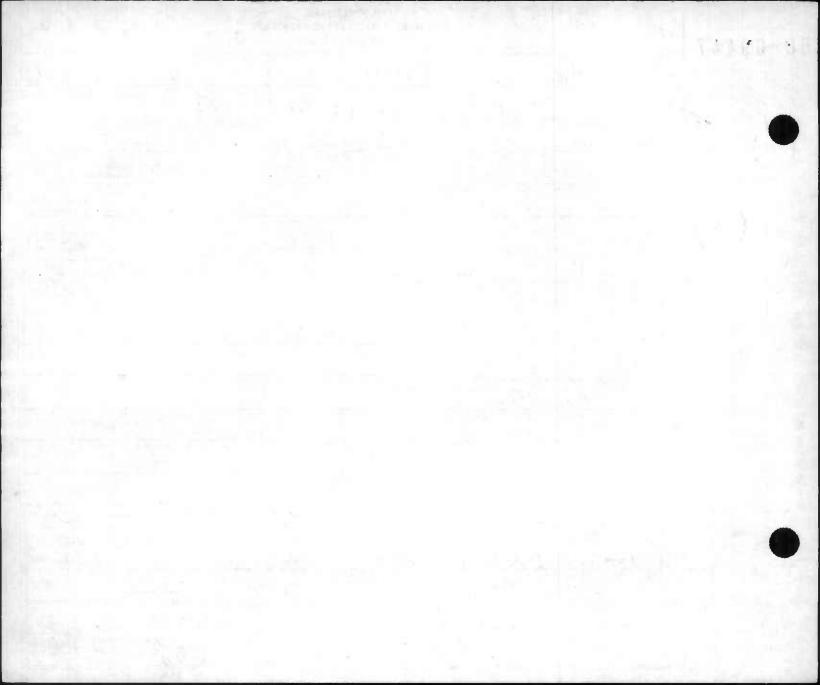
TO HOSPITAL

BP.

(VRA 15, 4)

Carried Marie Mari THE LYCE THE COLUMN TO THE COLUMN Defined a state of the second standing the second Manth tellimoid of a second of the second of Haraman to the state of the sta

	1		STA	TE OF MARYLAND		
8-09447	1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	BIENE 8 6	15990
noy be C C C		OR PRINT) Nettie	Cohe	N IAST	20 DATE OF DEATH MOD	17 01 1251
oge 4 may		emale	Cauc. 6.	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONINS BAIS HOURS MIN.
deoth. re	1	RTHPLACE (STATE OR FOREIGN	USA   WIDON	NED NEVER MARRIED NED NED NORCED	BALTIMORE CITY OR C	COUNTY
by the		TY OR TOWN OF DEATH RANDALLSTOWN	BALTIMORE COUN	ITY GEN.HOSP	H OUSEWIF	126. KIND OF BUSINESS OR INDUSTRY HOMEMAKER
in 24 ho	I lie	AL RESIDENCE (IF NURSING HOME OF INTERPRETATE AND 186 COUNTY)	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	YES NO [	6933 BROOK	MILL RD. (21215)
Page Annih	2	UNKNOWN	COHEN	PESHA	MIDDLE	ÜNKNOWN
be execu	160	VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO 214-74-410		COHEN 6933	(21215) BROOKMILL RD.
physical emovol event, the		PART I. DEATH WAS CAUSE	oly one couse per line for igi, (b), and iciliate BBY (c) (b)	ry thrombs.	zės	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce re offending smove corb mation, or r		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	A.S.H.	<u> </u>	
that the day the lease remood, cremo		gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF			
equires in signed Then pl	NOI	PART 2 OTHER SIGNATION OF	CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	ninal disease or conditi	ON GIVEN IN PART 1 o
he law roon. The permit. The permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	206 AUTOPSY? 20	DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \( \text{ NO } \text{ NO } \text{ }
YSICIAN: The Iding physicion. s certificate hos buriol-tronsit pe Mentol Hygiene		210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART ( OR PART 2)
offendin fer this os the burk hond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ITENDIA spitol or CTOR: At for use of Healt			ital) ottended the decrased from 19 56.	and that in (my) (aur) apinion	death occurred on the date of	ond hour and from the causes stated
HOSPITAL OK ATTEN med by the hospital FUNERAL DIRECTOR. uld be detoched for us in the Store Dept of He ORTANT: if them 21 is		226. SIGNATURE Jernar	& Burgin M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22t. DATE SIGNED 6/8/86
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE O Bernar		3809 CLA	RKS LANE (2	1215)
BP		BURIAL, CREMATION, REMOVAL	6/9/86 MIKRO	CEMETERY OR CREMATORY  KODESH		ORE, COUND.
DHMH - 16 60M 7/84 (VRA 15, 4)	0 I	INERAL DIRECTOR SOL L O REISTERSTO	EVINSON & BROS. WN RD. BALTIMORE,	MD. (21 215	JUN 1 3 1986	RESISTRADIO SIGNATURO
	-					



1					STAT	E OF MARYLAND				
09955	1.	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG	SIENE 8 6 REG. N	0.	5 9	9/
24		CEASED NAME C'S	rvel ve\	Eugen	_	ole	20 DATE OF DEATH	монтн D	o 86	11 PM
of spin	1.58	male		auc.	5. DATE O	DE BIRTH  1- 1- 09  YEAR	6. AGE (IN YEARS LAST BE	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
offer death by	10 C	RTHPLACE (STATE OR FOREIGE COUNTRY)  TY OR TOWN OF DEATH  OWSON	11. NAME OF	WHAT COUNTRY?  HOSPITAL, NURSIN HACILITY, GIVE STREET	WIDOWE	DE OTHER INSTITUTION	Baltimore CITY C Baltimore  128. USUAL OCCUPAT (1YPE OF WORK FOR MOST)  Truck Dr	e Cou	126 KIND OI INDUSTRY	MI F BUSINESS OR employ
135	130. S Ma	AL RESIDENCE (IF NURSING HOTTATE 136. C. ryland Ba	ome or other institution county altimore		N	13d INSIDE CITY LIMITS? YES NO 🔼	130 STREET ADDRESS 103 Farvi			
230		James	Emory	Cole		Rebecca	WIDDLE		Vanc	е
Pop /	- 0	vas deceased ever in $u$ . (es, no or unknown) { (if y $\mathbf{No}$	S. ARMED FORCES? res. GIVE WAR OR DATES)	216-18-		Lena M. Co	ole, 103 Fa		Court	21093
ires that the death		Conditions, if ony, whin gove rise to immedia couse tot, stating the underlying cause to PART 2 OTHER SIGNIFIC.	ch (b)	R AS A CONSEQUE  R AS A CONSEQUE  DOUBLE OF THE PROPERTY OF TH	NCE OF	NOT RELATED TO THE TERM	RRH A G		N IN PART 110	
hos been sign permit. The ene prior to lows ony injury	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY? YES NO	206 IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
PHYSICIAN: Transfer and ing physicia this certificate e buriol-transit di Mentol Hygi dan Item 8 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX-	AMINER) HOUR A.  21e PLACE	M. OC- 16	192	216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		RT I OR PART 2)	STATE
ATTENDING P spitol or offer CTOR: After the for use os the of Health and 121 is marked	×	WHILE AL WORK  220. I certify that (I) (this sow the deceased oli obove, (I) (we) (did) (c	hospital) attended th	e deceosed from	06	nd that in (my) (our) opinion	s., to	, 1	9	hot (It (we) lo
TO HOSPITAL OR A retrined by the hospital of Formal DIREC should be detoched with the Stote Dept.	Charles of	226 PHYSICIAN'S NAME	TYPE OR PRINT)	NITE	) 1	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STA	CIAN	101.	5 / 36
TO HOSI retoined TO FUN should b with the IMPORT.	D 4	URIAL, CREMATION, REMO		23c N	AME OF C	St. Joseph's EMETERY OF CREMATORY By Valley Cer	23d. LOCATION		alto.	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Lowell Lemmon, 10 W. Padonia Rd.

JUN 1 9 1986

1. ( ) A series and the series are series and the series and the series are series are series and the series are series and the series are series are series are series and the series are series are series are series are series and the series are series are series are series are series are The state of the s 3 JAN 92 M 1 N 100 1 3/11 V Maria il and a rest of the resident being the

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The

ng physicion

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	À	i	500	9	9
3	REG. NO.	1	~		

		REGISTRAR			CERTI	CAIL OIL	CATH	0	REG. NO	).			
				MIDDLE LESLI			FLOWER	20 DATE OF	DEATH		DAY YEAR	2b. HOUI	
		CHARL	ES Les	slie Co	SCLIF	-LOWE	ER	6/20	0/86	6/	20/86	5	AM
è	3 SE)		4 RACE		5. DATE C		YF AR		EARS LAST BIRT	HDAY}	MONTHS DAYS	HOURS	24 HRS
	Mo	rle	White		Janua	vry 30,	1904	82		YRS			
^	(	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	XX NEVER	MARRIED	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH		
1	Mo	aryland	U.S.A		WIDOWE	D DI	VORCED [	Baltimore County					
4	100	atonsville	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	G HOME OR OTHER INSTITUTION			OCCUPATION OF THE PROPERTY OF	12h KIND ( INDUSTRY NGINEER	OF BUSINE	SS OR	
1		AL RESIDENCE (IF NURSING HOME OF		IN Nursing									CO.
1	130 S	aryland Bal		Catonsu	N	YES [			35 Oli	I Fre	derick	Road	2122
1	14 FA	ATHER'S NAME FIRST WILLIAM	MIDDLE	Collifle	0///0 6		S MAIDEN NA/ FIRST NNie	WE	MIDDLE		E:4	zmawr	inn
1	16a M	WAS DECEASED EVER IN U.S. AR	MED EODCES2	TIGH SOCIAL SECU		17 INFORMA			M. ADDRE	55	FAL	Zmaw	rce
		YES, NO OR UNKNOWN) (IF YES, GI	(E WAR OR DATES)	212-03-			an D. (	Collin			me as #	13	
1		18 CAUSE OF DEATH (Enter or	ly one couse per			I BLE						XIMATE INTER	VAI
		PART I. DE ATH WAS CAUSE	D BY.	ACUTE R				7-11-	247.		BE) WEEN	ONSE! AND	DEATH
		IMMEDIA	TE CAUSE (0)	190018 10	CNIL	1-11/20	rece , c	DE HYU	127112	) ()			
		DUE TO, OR AS A CONSEQUENCE OF											
1	8.10	Conditions, if ony, which gove rise to immediate											
1		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
/		underlying couse lost	(c)_e	ASLVO AC	3D. A.	RTIC A	NNEURY	15m					
		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEAS	e or cont	DITION GIV	VEN IN PART 1	a	
-1	Ó												
1	V I	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	)PSY?	20b IF YE	S, WERE FIND I	NGS USED	H?
	CERTIFICATION							YES 🗌	NO [	1	ES 🗌	NO [	
1		210. ACCIDENT WAS UNDERLYING	1100110	FINJURY .M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURE	RED (ENTERNA	TURE OF INJUR	Y IN ITEM 18	PART   OR PART 21		
	MEDICAL	OR CONTRIBUTING CAUSE OF DE		M.	19								
	ğ	21d INJURY OCCURRED	21e PLACE			211 LOCATIO	N		CITY OF TO		COUNTY		TATE
H	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC }	SIREE			CITY ON TO	1010	000111		Air
		22a.1 certify that (I) (this hasp	ital) attended th	e deceased from_	han	- (	19 84	. to 0	me.	80	19 86	that (1) (3	e) lost
		sow the deceased alive or	Dane	19 19	e con	d that in (my)	(obj) opinion (	//		te and ha	ur and from the	couses sta	ted
		obove, (l) (we) (did as	of) view the body	offer death.		DEGREE					22r DATE	ESIGNED	
	100	11.1	1111	21	2		ATTENDING _	MEDICAL	STAF	F	//	100/0	
1		224 PHYSICIANS NAME CORD	MI	w /	410	122e ADDRES	PHYSICIAN &	DIRECTOR	PHYSIC	IAN	6/	20/80	-
		2/							0	,	2	0	
		OR JOHN	11. 51			0800	EDMO	NDSO	N 190	TE K	nero	190	
	23a E	BURIAL, CREMATION, REMOVAL				EMETERY OR		23d LOCA			COUNTY	Maryl	MALE and
		Burial	6/23/				cemet	ery w	Jourdi	UVL		J.	uriu
	Z4 L	eray M. & Russe	el C. W.	itzkenFun	eral 1	Homes F	A 250. DAT	E RECIP BY B	EGISTRAPI 2	25b. REGIS	TRAR'S SIGNA	TURE'S	
	10	630 Edmondson A	venue, Co	atonsvill	e. MD	21778		101121	, ,,,,,,	D.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

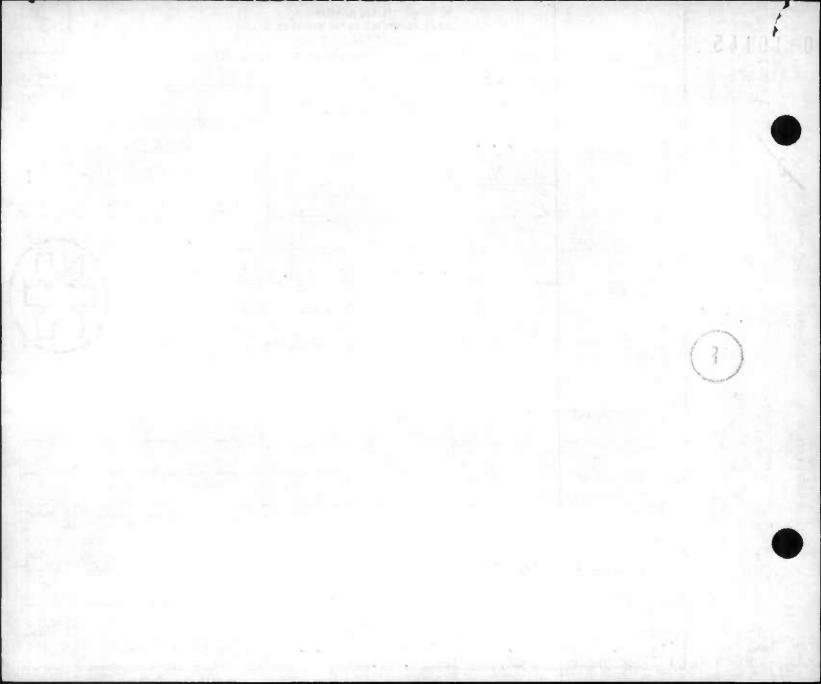
BP.

TO FUNERAL DIRECTOR. After this certificate has been signould be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to be

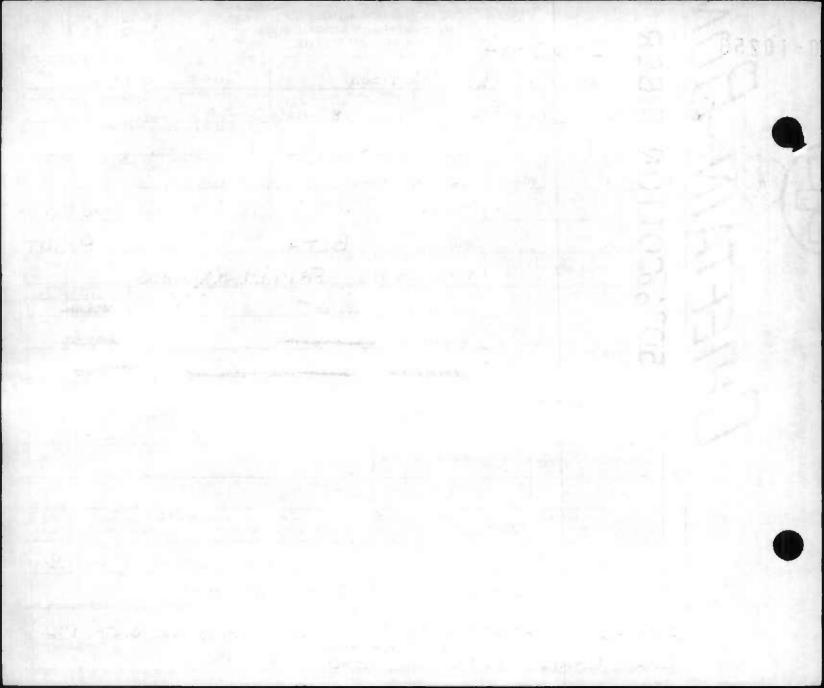
marked or Hem 18 shows

IMPORTANT: If hem 21 is

FOR STATE



1 50	1	Add.info.per		STATE OF MARYLAND		r 0 0 0
10252	1/	FOR 7/14/86	k A M DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	2 1 1
1-10733	V DE	REGISTRAR DORC	MIDDLE	LAST	REG. NO.	DAY YEAR Zb HOUR
1 25 /		DORO+	hu LYDIA	Collison	lee	3 1986 10 10 A
1 20 1	1.58		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
- 1 11 18		Female	white	MONTH DAY YEAR AUTO OF 1903	83 yrs	MONTHS DAYS HOURS MIN.
1 40 %	Jack.	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	-10110	BALTIMORE CITY OR COUNTY	OFDEATH
100	21	Salto Md	USA	WIDOWED DIVORCED		MD.
(III N 797	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
E ( 1 170		000000	MANOR CARE		Secretary	
27	IJn.	STATE NI COU		WN 113d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE	0.41
3 1 11	14 F.	ATHER'S NAME	PA He	YES NO I	1502 IUNIAN	ROAD 21318
3 1 300		EIRST	MIDDLE S. ILLOS	R CFIRST	MIDDLE	- C - C - C - C - C - C - C - C - C - C
2 2 2 2	He.	WAS DECEASED EVER IN U.S. AR	-0.1.00	URITY NO. 17. INFORMANT	- ADDRESS	LOWN PURDT
Wo and the	1	NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 21803	2013 FAC	S. Galdagher 114 RECORDS	
IALT prince		18 CAUSE OF DEATH (Enter or	nly one couse per line far (a), (b), (		IIA I IVAGORICA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST. 8		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) LLS PL	atory arrest		232 5min
ON the condition of the			DUE TO, OR AS A CONSEQ			
REST anter conformation		Canditians, if any, which gave rise to immediate	(b) agen		4	the 4 hrs
W 4 6111		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF Malnutriti	on & General De	ebility
201 plea		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	PMINAL DISEASE OF CONDITION GIV	2 mos
RDS.	S.	= No		v recently w/mu		
0 1 1 1 1 1	FICATION	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
A 48 24 1 2	CERTIFI	4/22/86	Dive		YES NO YE	S XX N/ NO [
M 24 114 80		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR THE HOW INJURY OCCU	REED (ENTER NATURE OF INJURY IN ITEM 18 P	'ART I OR PART 2)
No Sept of the sep	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M.	19 ZII LOCATION		
VISIO	ME	NOT WHILE	(AT HOME STREET ACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (I) (this hospi	ital) attended the deceased from	4-22 1986	10 6 /BD	19 Ye that (h (we) last
Pare Pare 2		saw the deceased alive an	manufacture field ( / )	06	n death accurred an the date and hou	r and fram the causes stated
Olete Chad Chad Them		226. SIGNATURE	Wedenles MB	DEGREE	4	274 DATE SIGNED
		bau n	wood		MEDICAL STAFF DIRECTOR   PHYSICIAN	6/13/86
HOSPITAL med by 11 FUNERAL old be den 1 the Stone		22d. PHYSICIAN'S NAME (TYPE O	MCDONGAL-	22e. ADDRESS	SAM HOSP	
H 10 0 1 0 1 0 1				6000		
pp.	230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY
BP	24 F	JNERAL DIRECTOR	16-16-1986	OO HARFORD 250. D.	ATE REC'D. BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	5	VAOS CHAP	EL OF MEMO	111	N 23 1986	white a significant and a
			2 12 10	1112 110110		



metor. poge 3 G

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AL HYCIENE

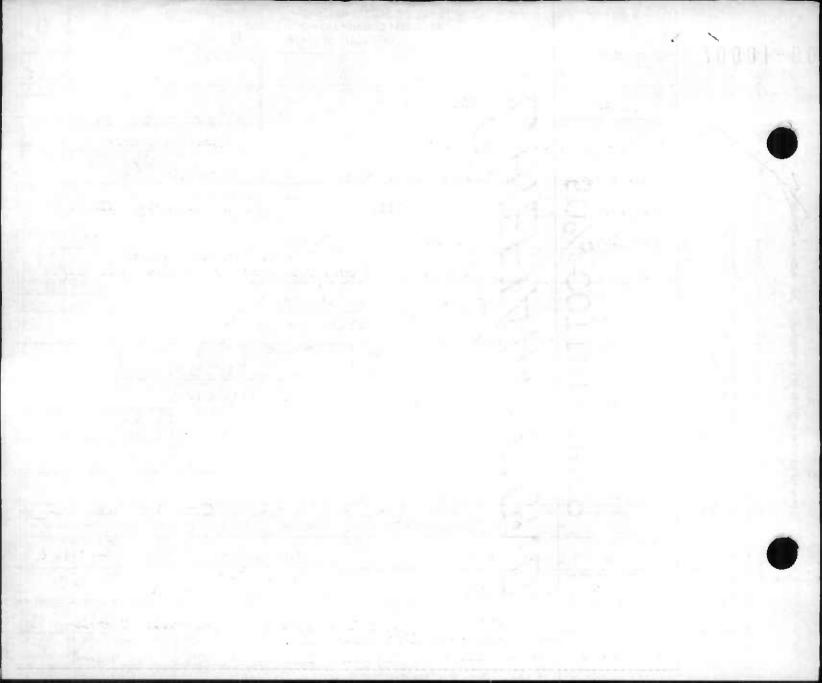
6	9	6	()	0	0
REG. NO.					- 19

`	1 - 3	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	GIENE 8 6 REG. NO.	6000	
T	I. DECE	ASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	_
1	(TIPE O	AMI	) AL	DOPER			6	-29-86 2-201	
ı	3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE	RS
1		Female	Cauca	sian	MONTE	16 VEAR	83 yr	MONTHS DAYS HOURS MI	Ν.
1	7a BIRT	HPLACE (STATE OF FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	10 00	9. BALTIMORE CITY OR COU	RS. INTY OF DEATH	—
1	COI	UNTRY)				D NEVER MARRIED	_		
+		CORTOWN OF DEATH	United		WIDOW	DROTHER INSTITUTION	Baltimore C	126 KIND OF BUSINESS C	MD.
1	0	Catonsville /	Ingle	nook Nurs	ing I		(TYPE OF WORK FOR MOST OF WORKING HOmemaker		JK
1	JSUAL 30, ST	RESIDENCE (IF NOWS ING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE	_
1	Ma		rroll	Sykesi		YES NO 1	5823 Dale Dri		
A		HER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA			_
V	Fr	anklin	WIDDLE	Miller		Fannie	WIDDLE	Ward	
1	6a WA	AS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO.		. Florence DRG Ell	ette	
ł		s, no or unknown) (if yes, G	IVE WAR OR DATES)	218-10-7	152A	5823 Dale D			
	TIFICATION 61	A PARIO - S	CONDITIONS COND	Carbo ITION FOR WHICH	DEATH BUT	n was performed	YES NO NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
		10. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DE	MIN	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART   OR PART 2)	
	WEDIC 1	THE EITHER NOTIFY MEDICAL EXAMINITION OF THE CONTROL OF THE CONTRO	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, F.	19 ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ı	L	2a. I certify that (1) (this hosp sow the deceased alive a above, (1) (we) (did) (did n	0/20	11 10 9			death accurred on the date and	hour and from the causes stated	pst
	2	R.M.Sh	ah. m.	D .		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	6 30186	4
	2	2d. PHYSICIAN'S NAME (TYPE	ORPRINT) SHAL	1.m.D.		DWINTES	MILLI. MD	r RO.	
		RIAL, CREMATION, REMOVA BURIAL	236 DATE 7/2/8			emetery or crematory View Cemeter	23d LOCATION CITY OF TOWN Sykesville	e Carroll MI	D.
1	24 FUN	JERAL DIRECTOR TOWN	na Buone	Famana7	Dana	atama Tantas DA	TE DECID BY DECISED A DISC. DE		_
	872	28 Liberty Roa	d Randa	ellstown,	Mary	land 21133 J	UN 3 0 1986	GISTRAR'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 spews any injury, or other troumatic event



n – n	8294	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF HE	OF MARYLAN ALTH AND ME CATE OF DE	NTAL HYG	8 0	G. NO.	6 0	0
	5. E		CEASED NAME	FIRST tanley	,	MIDDLE	Corr	_		20 DATE OF DEA	June 2	DAY YEAR	26 HOUR 9:25 a.m
0 4	page 3 er death	2.66								& AGE LIN YEARS L			
¥ 4	4-	3 SE	Male	1	RACE Whit	•	5. DATE OF	BIKIH	YEAR	AGE (IN YEARS)	ASI BIRIHDAY)	MONTHS DATS	HOURS MIN.
900	directo						Apri	1 3, 19	20	66	_YRS.		
a.			IRTHPLACE (STATE ORF	OREIGN	L CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MA	RRIED -	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
60	Day 22	P	ennsylvania	9	U.	S.A.	WIDOWED		RCED	Balt	cimore (	County	MD.
ق ا	offited of	10 C	ITY OR TOWN OF DEA	ТН		HOSPITAL, NURSIN		OTHER INSTIT	UTION	12a USUAL OCC			OF BUSINESS OR
50/2-	1 (1) (1)	F	Riderwood		1206	Trappe L	ane				r-P.H.D	- TT	kins Univ
418	be fr	USU.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION								
24 h	Filled Add to			13b COUN		13c CITY OR TOW		13d. INSIDE CITY YES \( \bigcap \)		13e.STREET ADDR			21139
u u	5 - S		aryland ATHER'S NAME	Balti	more	Riderwoo		15 MOTHER'S M	AAIDEN NAA		Trappe I	Lane	21139
3	10000		FIRST	٨	AIDDLE	LAST		FIR			DIE	LA:	
fed	0		erman	C.		Corrsin			ina		000000	Sch	or
	edicol		WAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Ī	,	ADDRESS		
A.		N	0			201-03-0	061	Barbara	D. Co	orrsin -	same as		
res that the death con	and by the attending the please corts and please remove corts and buriol, cremation, or remotion, or or other traumotic event,		PART 2 OTHER SIGN	which nediate g the	DUE TO, C	Metasta Dr as a conseque Dr as a conseque	FIC C	Paran		9 bows	el CONDITION G	231	mate interval onset and ptain won 7h5
9 9	The The injury	ō	no	ue,									
JAN: The low r	certificate has been mother most permit. entail Hygiene prior frem 18 shows only	AL CERTIFICATION	190 DATE OF OPERAT  8 Avg 190  210. ACCIDENT WAS UND  OR CONTRIBUTING C	DERLYING CAUSE OF DEAT	21b. TIME O	M. MONTH DA	of Co	lon	IRY OCCURR	YES NO	IN CERT	ES, WERE FINDII  IFYING CAUSES  YES  PART I OR PART 2)	
YSK	bornol-1 Mental	MEDICAL	21d. INJURY OCCUR			P.M. OF INJURY	19	21f. LOCATION					
PH PH	.5	ME				TREET, FACTORY, OFFICE, F	ARM ETC )	STREET		CIT	ORTOWN	COUNTY	STATE
2 2	After the os the alth and marked		AT WORK AT WOR				1./11	1001		. 1010	17	Sh	
Z o			22a. I certify that (I) sow the decease				1014	10/	19	, to		. 19	that (I) (we) lost
Spire	CTOR of He of He n 21 is		obove, (1) ( (c	did) (did not	view the bod	y ofter death.	-		abinion (	death accurred an	the date and hi	our and from the	couses stated
TAL OR	JERAL DIRECTOR detached State Dept		22b. SIGNATU	rue	5500	her XX	100	PH	ENDING YSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [	Jun	re 2 198
IASC PA	FUNERAL old be det of the State		22d. PHYSICIAN'S NA	,				72e ADDRESS					0.000
HOS	should b		Charles	E. E.	Llicott	M.D.		1134	York	Road, Lu	thervi	lle, Md.	21093
5 e	₹ 5 3 3 7	23a	BURIAL CREMATION	REMOVAL	123h DATE	123c N	AME OF CE	METERY OR CRI	EMATORY	73d LOCATION	1		

230 BURIAL, CREMATION, REMOVAL BP DHMH - 16 60M 7/B4

(VRA 15, 4)

236 DATE

23d LOCATION (SPECIFY) COUNTY Md. Balto. 6-3-86 Westview Crematory Cremation 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 York Rd Ruck Towson Funeral Home, Inc. Towson, Md. 21204

23c. NAME OF CEMETERY OR CREMATORY

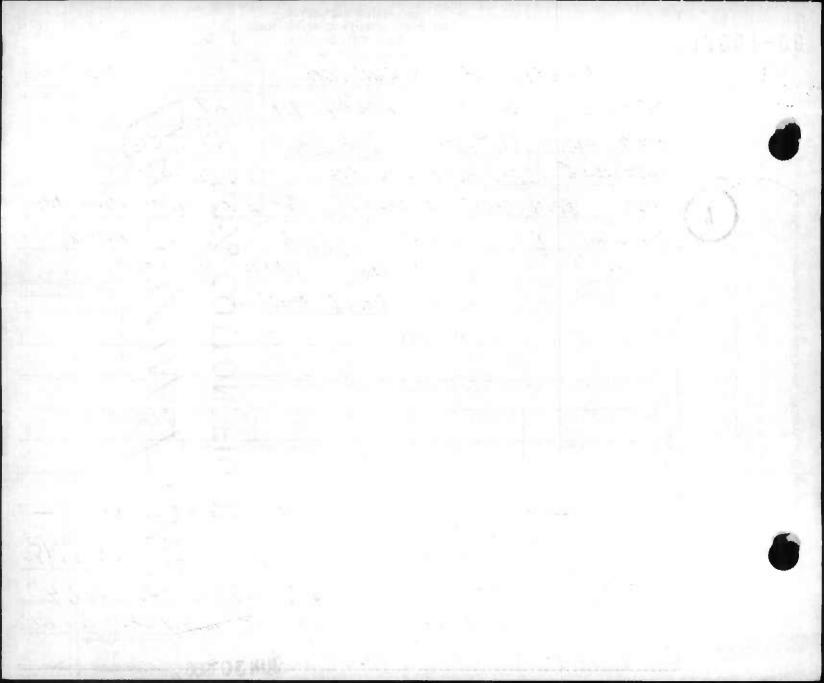
(8

A CONTRACT OF SHAPE

1		
ч		
	-	ø
-	-	
5	15	,
Z	100	
0		
A		
X		
20		
3		
wì		
8		
š		
E		
¥		
00		
-		
Z		
0		
ST		
8		
7		
5		
0		
, 2		
O		
OR		
Ü		
8		
AL		
VIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2/201		
1		
0		
Z		
SIC		
5		
ā		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME 26. HOUR HAZEL (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [ 126 KIND OF BUSINESS OR INDUSTRY 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT RECORDS (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: le romi e IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ASCUL Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. plec 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO YES [7] the buriol-tronsit ond Mentol Hygie or Item 18 sho 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY ZII LOCATION STREET CITY OR TOWN COUNTY os the (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked AT WORK AT WORK 220.1 certify that (1) this to spiritly oftended the deceased from, FUNERAL DIRECTOR: saw, the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave (Il (we) (did (did not) view the bodylotter deat should be detoched with the Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NESTER 230. BURIAL, CREMATION, REMOVAL BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



death certificate be

DINGSPITAL OR ATTENDING PHYSICIAN: The low requires that the requires that the hospital are the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

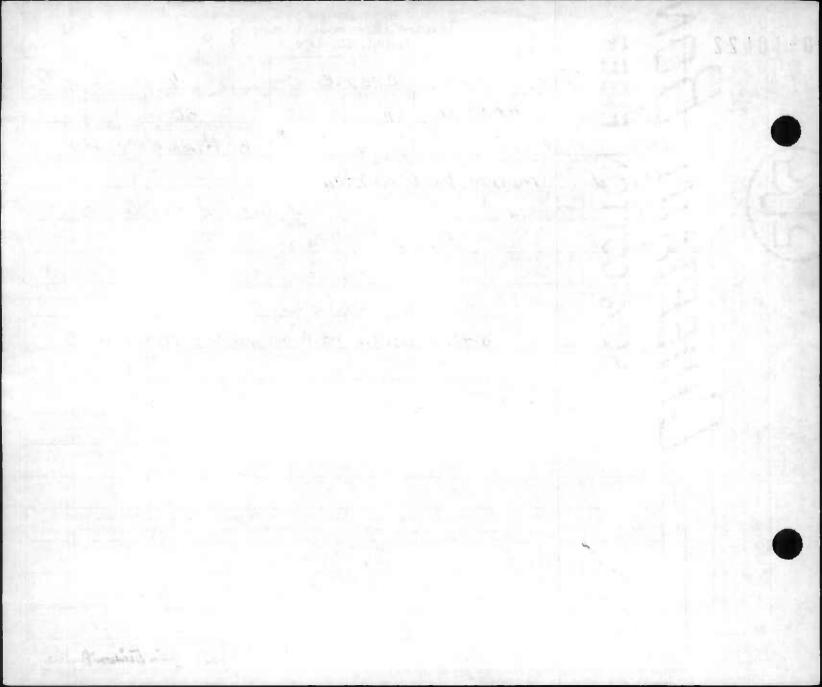
6.3	6
0	0
	REG. NO.

8	1-	FOR STATE REGISTRAR		DEPARTN		FICATE OF DEATH	GIENE 8 6 REG. N	0.	6 0	0
		CEASED NAME PIRST BES	SIE	P. CRE	1WF	CORD	2a. DATE OF DEATH	AB HINOM	Y YEAR	26. HOUR 3:31
	3. SE)		4 RACE	,	5 DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 H
2	. 0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIE	-10-1910	9 BALTIMORE CITY O	_	0	
7		TARYLAND TY OR TOWN OF DEATH RSSEX		UCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ON OF WORKING LIFE)	INDUSTRY	F BUSINESS
3	₩5UA 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTIO		ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	STERN	2122
30	14_FA	THER'S NAME FIRST VILLIAM	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	CUR	LAS	
medicol		(AS DECEASED EVER IN U.S. AI	RMED FORCES?	213-03-7		17 INFORMANT	ADDR Crawfore	ESS 1-1700	old	Ento
shows ony injury, ar other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO.  (c)  CONDITIONS (	DITION FOR WHICH	S CL ENCEPOF DEATH BUT	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	IGS USED
Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	P.M.	AY YEAR		RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	RT ( OR PART ?)	
rked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
If them 21 is mor		22a.1 certify that (1) (this hosp sow the deceased alive o above, (1) (world alive) 22b. SIGNATURE	6-5	19_		nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	deoth occurred on the o	FF		
J OSTAN		22d PHYSICIAN'S NAME (TYPE		2, MD		220. ADDRESS LS	ABacu		Meer	Ras

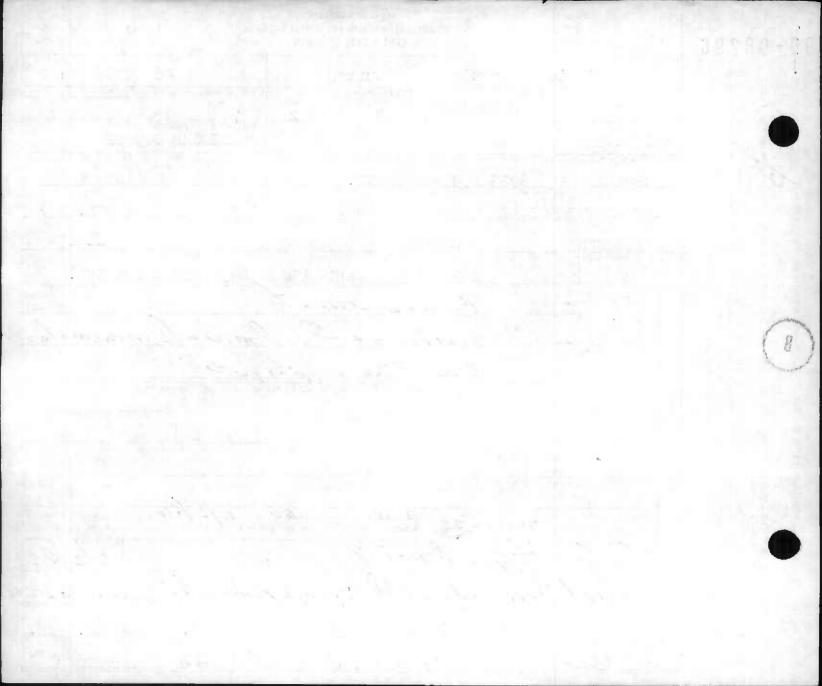
as the Language of the same of BOOK COMMENCED FRENCH CONTRACT COMMENCED COMMENCED The state of the s AND THE REPORT OF MARKET AND AND AND ADDRESS OF A PARTY OF A PARTY

DHMH -

FO STA		0	PEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYD	GIENE 8 6		500 4
	GISTRAR SED NAME FIRST	MIDDLE	CERTI	FICATE OF DEATH	REG. N		No. 1
TYPE OR PR			- 1		26 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
3 SEX	Jan	Floyd		OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UP	NOER I YEAR IF UNDER 24 HR
	male	Cayeasion				Ø YRS	HS DAYS HOURS MIP
7a BIRTHP	TRY)	TE CITIZEN OF WHAT CO	LINTRY2 8	ED NEVER MARRIED	9 BALTIMORE CITY		DEATH
Non	th Canolina	U.S.	WIDOW	ED DIVORCED	Baltin	1 12	ounty ,
1 70	WSON	(IF NOT IN SUCH FACILITY, G	Care, K	CLX tow	(TYPE OF WORK FOR MOST)  Laborer		26 KIND OF BUSINESS C NDUSTRY
13a. STATE	d, XXXXX	TY I30 GIVE RESIDEN		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	ZIP.CODE / Chanle	s sp. 120
14 FATHEI	r's NAME	NIDDLE	-Macesa-	Lula	Mae Mae		Mabe
160 WAS I	DECEASED EVER IN U.S. ARA Q OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	05-7682	Ruby Crouse,	701 Thomas		21028 d,Churchvill
18 (	CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY.	0 -	C 0			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
go	IMMEDIATE inditians, if any, which ive rise to immediate	DUE TO, OR AS A CO	no-sclero	the cardiov	asculard	lsecuse	Years
ga cai und PAR	IMMEDIATE inditions, if any, which we rise to immediate use (a), stating the derlying cause lost.	DUE TO, OR AS A CO  (b) OF AS A CO  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUTE  OB STUCE	INSEQUENCE OF ING TO DEATH BUT	T NOT RELATED TO THE TERM  LIVED NOW WAS PERFORMED		IDITION GIVEN I	
PAR OUT 190 I	IMMEDIATE inditions, if any, which we rise to immediate (a) stating the derlying cause lost.  RT 2 OTHER SIGNIFICANT COUNTY COUN	DUE TO, OR AS A CO  (b) OF AS A CO  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUTE  196 CONDITION FOR  216. TIME OF INJURY	INSEQUENCE OF ONSEQUENCE OF	T NOT RELATED TO THE TERM  ON WAS PERFORMED  1216 HOW INJURY OCCUR	AINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, WE IN CERTIFYING	N PART 110  ERE FINDINGS USED 3 CAUSES OF DEATH? NO
PAR	IMMEDIATE INDICATE INTO INTERIOR IN THE INTERIOR INTO INTERIOR INT	DUE TO, OR AS A CO  (b) OF AS A CO  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUTE  196 CONDITION FOR  216. TIME OF INJURY	INSEQUENCE OF ING TO DEATH BUT OF WHICH OPERATION OF THE PROPERTY OF THE PROPE	T NOT RELATED TO THE TERM  ON WAS PERFORMED  1216 HOW INJURY OCCUR	AINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, WE IN CERTIFYING YES	N PART 110  ERE FINDINGS USED 3 CAUSES OF DEATH? NO
MEDICAL CERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10 1	IMMEDIATE  Inditions, if any, which the rise to immediate use (a), stating the derlying cause lost.  RT 2 OTHER SIGNIFICANT CO  DATE OF OPERATION  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEAT EITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED  INTERMEDIAL CAUSE OF DEAT  INTURY OCCURRED  INTERMEDIAL CAUSE OF DEAT  OR AND	DUE TO, OR AS A CO  (b) OF PE  DUE TO, OR AS A CO  IC)  19b CONDITION FOR  19b CONDITION F	DINSEQUENCE OF  ING TO DEATH BUT  WHICH OPERATO  WHICH OPERATO  IP  Y Y OFFICE FARM ETC.)	T NOT RELATED TO THE TERM  LIVE TO THE TERM  NOT RELATED TO THE TERM  N	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJL.  CITY OR IC.	20b. IF YES, WE IN CERTIFY INC. YES	N PART 110  ERE FINDINGS USED G CAUSES OF DEATH? NO ORPART 2)  COUNTY STATE
WEDICAL CERTIFICATION  LOS CONTRACTOR  AT M M M M M M M M M M M M M M M M M M M	IMMEDIATE  Inditions, if any, which twe rise to immediate use [a], stating the derlying cause lost.  RT 2 OTHER SIGNIFICANT CO  DATE OF OPERATION  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEAT TEITHER NOTIFY MEDICAL EXAMINER)  INJURY OCCURRED  NOTIWHE  ORA  ALWORA  L certify that (I) (this haspite	DUE TO, OR AS A CO  (b) OF PE  DUE TO, OR AS A CO  IC)  19b CONDITION FOR  19b CONDITION F	INSEQUENCE OF  ING TO DEATH BUT  WHICH OPERATO  ATT OFFICE FARM ETC.)  d from  19  19  19  19  19  19  19  19  19  1	I NOT RELATED TO THE TERM  UNITED TO THE TERM  UNITED TO THE TERM  21c. HOW INJURY OCCURI  21l. LOCATION  STREET  19	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJL.  CITY OR IC.	20b. IF YES, WE IN CERTIFY INCERTIFY INC	N PART 110  ERE FINDINGS USED G CAUSES OF DEATH? NO DORPART 21  COUNTY STATE
MEDICAL CERTIFICATION  AND STATE	IMMEDIATE inditions, if any, which we rise to immediate use (a), stating the derlying cause last.  RT 2 OTHER SIGNIFICANT COUNTY CONTRIBUTION  ACCIDENT WAS UNDERLYING CAUSE OF OBEAT CONTRIBUTION OF CAUSE OF CAU	DUE TO, OR AS A CO  (b) OF PRINT)  DUE TO, OR AS A CO  (c)  DUE TO, OR AS A CO  DONDITIONS CONTRIBUTION  P.M.  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTOR)  21) attended the deceased	INSEQUENCE OF  ING TO DEATH BUT  WHICH OPERATO  ATT OFFICE FARM ETC.)  d from  19  19  19  19  19  19  19  19  19  1	21c. HOW INJURY OCCURI 211 LOCATION SIREET  19  nd that in (my) (aur) apinian  DEGREE  ATTENDING	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  to death accurred an the death ac	200 IF YES, WE IN CERTIFYING YES SHAPE IN 11EM 18 PART 1	N PART Ita  ERE FINDINGS USED 3 CAUSES OF DEATH?  NO  ORPART ?)  COUNTY STATE  , that (1) (we) lo
PAR POICE TO PROPER TO PRO	IMMEDIATE  Inditions, if any, which the rise to immediate use [a], stating the derlying cause lost.  It 2 OTHER SIGNIFICANT CO  ONLY DYN C  DATE OF OPERATION  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEAT LETTHER NOTIFY MEDICAL EXAMINER; INJURY OCCURRED  ORA NOT WHILE  AT WORR  I certify that (I) (this hospite saw the deceased alive an obove, (I) (we) (idid (idid not))  SIGNATURE  PHYSICIAN'S NAME (TYPE OR  WALLEN OF THE CONTRIBUTION OF	DUE TO, OR AS A CO  (b) OF PRINT)  DUE TO, OR AS A CO  (c)  DUE TO, OR AS A CO  DONDITIONS CONTRIBUTION  P.M.  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTOR)  21) attended the deceased	NSEQUENCE OF DISEQUENCE OF DIS	216. HOW INJURY OCCURI 211 LOCATION STREET  19  nd that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  to death accurred an the death ac	20b. IF YES, WE IN CERTIFY IN TEM 18 PART 1  DWN  19 ate and haur and	N PART 11a  ERE FINDINGS USED 3 CAUSES OF DEATH? 3 NO  OR PART 2)  COUNTY STATE  , that (1) (we) lo



0-08296	1 - STATE REGISTR	AR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	16005
nay be page 3 r death	1. DECE ASED N (TYPE OR PRINT)	Willian	n Austin	.Curren	2a DATE OF DEATH	06 02 86 2:00 m
ge 4 ma	3 SEX MAL		CAUCASIAN	5. DATE OF BIRTH  MONTH DAY YEAR  04 06 12	6 AGE (IN YEARS LAST BI	MONTHS DATS HOURS MIN.
theoth. Po	MARYL		76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		DE COUNTY  MD.
by the filed with	ROSED	ALE	(IF NOT IN SUCH FACILITY, GIVE STREET 8033 EDGEWAT	ER AVE.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	
AND 21	MARYIA	AND BALT	OTHER INSTITUTION GIVE RESIDENCE BEFORE TO WITH THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8033 EDG	ZIP CODE EWATER AVE. 21237
MARYL pmpletely	JEFF	51	MIDDLE CURRE	15 MOTHER'S MAIDEN N FIRST LTLLTA	AN	LAST
be execution on the control of the c	YES, NO OR U		MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 2130914		EN 8033 ED	GEWATER AVE.
T., BAL inficate physicis snpaper: smaval.	18 CAUS PART	E OF DEATH (Enter on ). DEATH WAS CAUSE IMMEDIAL	ally one couse per line for (a), (b), and D BY TE CAUSE (a)	ee Gros 7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 PRESTORY quires that the attendir hen please remove cark to burial, cremation, or ijury, or ather traumati	gove ri couse underlyii	ng couse lost	DUE TO, OR AS A CONSEQUI	incept e 200 ph	Comina a	Marcin om 6 (0 > )
been red on red on red on red on rin Thirt	THE CERTIFICATION 190 DATE	OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sum \) NO \( \sum \)
ON OF VITAL R  TYSICIAN: The It ding physician. Is certificate has burial-transit pe Mental Hygiese or Item 18 shows	00.004,70	DENT WAS UNDERLYING DENTING CAUSE OF DEA		AY YEAR 19		DRY IN ITEM 18 PART I OR PART 2)
DIVISION OF DING PHYSICIA or otherding pla After this certif e as the burial-t oith and Mental marked or item	WHILE AT WORK	RY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY  {AT HOME STREET FACTORY OFFICE F	ARM ETC ) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
OR ATTENION DIRECTOR	sow	the deceased alive on	tol) attended the deceased from 1950 is new the hady after death		MEDICAL STA	
TO HOSPITAL retained by the TO FUNERAL should be detained the Store with the Store MPORTANT: If	Ka	ICIAN'S NAME AVEC	ernaudez.	YD Styosquh.	Prof. Bull	1. Trusm Md 2120
BP	BURT		- 1 1 1 1 - 1	ARDENS OF FAITI		BALTO. MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	274	Com	ADDRESS ()	(-1)	JUN 3 1986	256. REGISTRAR'S SIGNATURE



291	' '	REGISTRAR				CERTIFI	CATE OF DEAT
		CEASED NAME	FIRST	,	MIDDLE	(A	.51
9	(TYPE	He HINT	clend	2	M. \(\)	DAN	as (Dana
1	1, 58			RACE .		S. DATE O	F BIRTH
0	7	emale		Whi	10	AONTH	5-04"
325		RTHPLACE (STATE OR F	OREIGN 76.		WHAT COUNTRY?	8	NEVER MARRI
2		md		USI	A	MARRIED	7
279	iù.CI	TY OR TOWN OF DEA	TH 11.		HOSPITAL, NURSIN	G HOME O	OTHER INSTITUTION
DX	-	04140		51	JOSED	n H	OSDITAL
20		AL RESIDENCE (IF NURSI	NG HOME OR OTH		GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIA
10	1	Md.	BAlt		Luthervi		YES NO
-	14. FA	ATHER'S NAME	MIDI		1457		15. MOTHER'S MAIL
0.	0	Edward	AIDI		Snowden		Helen
00		VAS DECEASED EVER		D FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT
1	(	no	(IF YES GIVE W	AR OR DATES)	220-18-2	2671	Donna M.
hen please remove carbon per ta burial, crematian, or removal njury, ar ather traumatic even		18 CAUSE OF DEATH	+ (Enter only o	ne couse per			-
		PART I. DEATH W	AS CAUSED B	Υ.	Car	dia	c ta
2					R AS A CONSEQUE	NCE OF	C -
raumatic		Canditions, if ony,		(b)			caro
		gove rise to imm cause (a), statin		DUE TO O	R AS A CONSEQUE	NCE OF	
ather		underlying cause	lost.	(c)			
۲۷, ۵۲		PART 2. OTHER SIGN	HEICANT CON	NDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO TH
injury	CERTIFICATION			100			
ou C	ICAI	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATION	WAS PERFORMED
The supplier of the supplier o	RTIF						
()		210 ACCIDENT WAS UND		21b. TIME O HOUR A.		Y YEAR	21t HOW INJURY
1	CAL	(IF EITHER NOTIFY MEDIC		Ρ.	-	19	
-	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY	ARM_ETC )	211 LOCATION STREET
	2	AT WORK NOT WH	ILE E		The second second	, ,	
		220.1 certify that (1)		ottended the	e deceosed from_		. 19.
4		sow the decease above, (1) (we) (d	d olive on id) (did not) vi	iew the body	ofter death	one	d that in (my) (our)
		226 SIGNAPURE	1	_do	1)		EGREE
-			un	Lao	Kon	nero	ATTEN! PHYSIC
TANT		224 PHYSICIAN'S NA					22e ADDRESS
PORT		ERLA	NDO	K	OMERO	3145	ALC: NEW YORK
with the State Dept.	22- 0	LIDIAL CDELLATION	DE MONAL T.	201 DATE	100 4	IAME OF SE	WETERN OR CCC.

John C. Miller Inc. 6415 Belair Rd. 21206

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE OF DEATH astasio IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH ED 🗇 0w501 ED 🖺 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Payroll Adm. Tasco 13e STREET ADDRESS / ZIP CODE 906 W. Seminary Ave. 21093 DENNAME Smith ADDRESS Battaglia 317 W. Seminary Ave. 21093 ro matori HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DING DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ROMERO 238. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE COUNTY Md. Burial 7-3-86 St. Stanislaus Cem. Balto. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

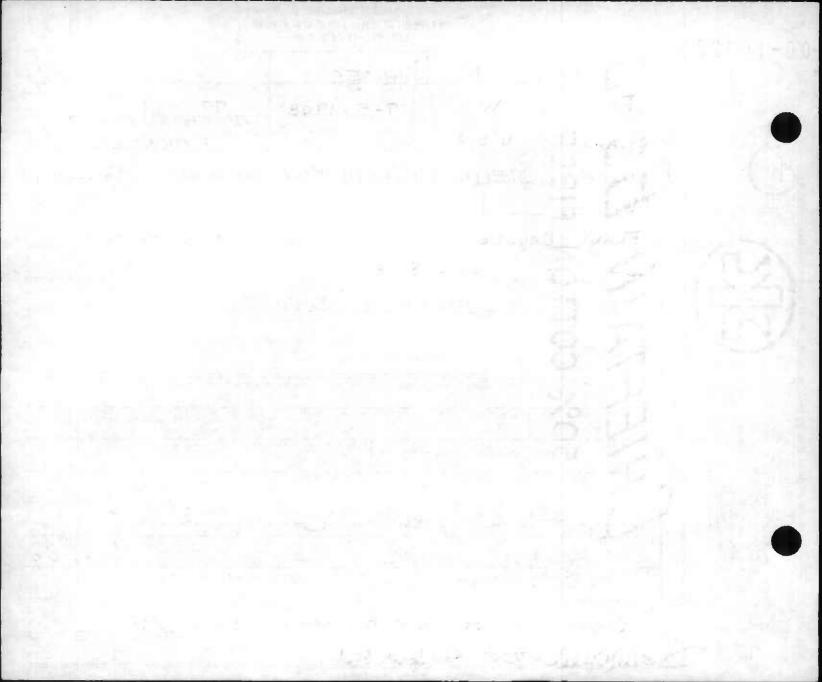
win Davidson Randall

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND



STATE	OF	MARYLAND
		***************************************

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6 REG. NO.	-	6	Ú	0	8
_	REG. NO.				_	

	REGISTRAR		CERTII	TICALE OF DEATH	REG. NO.	
	ECEASED NAME PE OR PRINT)	Emma Emma	Mildred	Davis Davis	2ª DATE OF DEATH MONTH D	5 P.M. 2b HOUR
SE	4	4 RACE		OF BIRTH		IF UNDER I YEAR IF UNDER 74 HRS
1	Female		hite Feb.	16, 1894 FAR	92 YRS.	ONTHS BATS HOURS MIN
	COUNTRY THE CO	- A	F WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	myland		SA WIDOW		Baltimore Count	
9	atonsville	Merid	an Nursing Home	9	126 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE HOUSEWITE	12b. KIND OF BUSINESS OF
Ma	ryland	Harford	on Give residence before admission) 13( CITY OR TOWN Abingdon	YES NO K	3704 Mill Road	21009
	Louis	Henry	Schueler	IS MOTHER'S MAIDEN NA	Rebecca	Elliott
	WAS DECEASED EVER	IN U.S. ARMED FORCES		17 INFORMANT	ADDRESS MC	1. 21228
	no		212-74-8462	Myrtle Manni	ng, 6208 Collinsw	ay, Catonsvill
	PART I. DEATH V	TH Enter only one couse p VAS CAUSED BY: IMMEDIATE CAUSE (a)		11 Cerubr	1. vuschel en	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	10.5513(1)	V ,		
	Canditions, if any	Lt.L /	OR AS A CONSEQUENCE OF	a a la		
	gove rise to im	mediate				1
	couse in state underlying coup		OR AS A CONSEQUENCE OF	· Anciosuer	me Contide vanc	Hardis Comm
	PART 2. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		AINAL DISEASE OR CONDITION GIVE	
ON		par ensia	and the second s	carties	asystemia in	
CERTIFICATION	196 DATE OF OPERA	TION 19b CON	IDITION FOR WHICH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
CER	210. ACCIDENT WAS UN		OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS PA	
	OR CONTRIBUTING	CAUSE OF DEATH	A.M. MONTH DAY YEAR P.M. 19			
MEDICAL	216 INJURY OCCUR	RED 21e PLAC	E OF INJURY STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
3	WORK NOT W	HILE	STREET, PACTORY, OFFICE PARM, ETC.)	314621		31412
	22a.1 certify that (I	(this haspital) attended		30 1985	. to 6 22 1	9_56, that    (we) las
	saw the decease abave, (I) (we) (	sed alive an 6/2 did) (did not) view the ba		nd that in (my) (our) opinion	death accurred on the date and haur	and from the causes stated
	22b. SIGNATURE			DEGREE		220 DATE SIGNED
		R.m.sha	- LV,D	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	6/23186
	22d PHYSICIAN'S N			22e ADDRESS 107	o6 Perster + n	INRD
		R-M. St	CM HHI	1 Drawas		113 (Tal 10
30.	BURIAL, CREMATION	REMOVAL 236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY
	Burial	June 25,	1986 Bel Air	Memorial Gard	dens, Bel Air Ha	erford Md.
	UNERAL DIRECTOR		ALL STATE OF THE S	250. DAT	E REC'D. BY REGISTRAR 256 REGISTR	
ŀ	Howard K. I	McComas III,	Abingdon, Md. 2	21009	3000 Julia dillo	TO MEN ASSESSION

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

	STATE	OF	MARY	LAND
--	-------	----	------	------

DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH

,	IENE 8 6	NO.	6	U	U '	7
1	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR	
	June 13,	1986			10:40	P
1	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ERIYEAR	IF UNDER 24	HRS

DECEASED NAME	FIRST Ennest MIDDLE Elmen	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOU	R
1 THE OKPRINT)	Ernest DAVIS	Davis	June 13, 1986		10:4	0
SEX .	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	2.4
Male	White	8 29	56 YRS	MONTHS DATS	HOURS	1
CONTRAL	TEOR FOREIGN 76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		

lennessee WIDOWED XX DIVORCED ID CITY OR TOWN OF DEATH

Baltimore County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Franklin Square Hospital Rossville

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY onstruction

Maryana	Duccontore	That he here	YES NO X	וככו	DECRLOW	Avenue 21
FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAME		WIDDLE	
Larmer	Most	Davis	Mae		MIDDLE	Shoffner

Thomas J. Davis 1551 Becklow Ave. 21220

		SALUSE (o) Atherosclerotic Cardiovascular Disease	BETWEEN ONSET AND DEAT
Conc	ditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
gove	e rise to immediate e (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	

Scierosis, P	ulmonary congestion	on and edema			
190. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? YES ₩ NO□	20b. IF YES, WERE FI IN CERTIFYING CAU YES [	
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM IB PART I OR PAR	17 21

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71e PLACE OF INJURY 211 LOCATION

COUNTY STATE AT WORK

220.1 certify that \* (this hospital) attended the deceased from June saw the deceased alive on June 13 10 86 sow the deceased alive on JUNE 13 obove, New (did) (and 1) view the body after death ., and that in 🕍 (our) apinian death occurred on the date and hour and from the causes stated DEGREE

22e ADDRESS

19090 Franklin Square Drive.

230 BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION
(SPECIFY) Burial	6-17-86	Parkwood (emetery	Parkville, Balto, Co. Md.

24 FUNERAL DIRECTOR hartes S. Zeiler & Son Inc. 6224 Eastern Ave. (VRA 15, 4)

Kevin M. Miller, MD

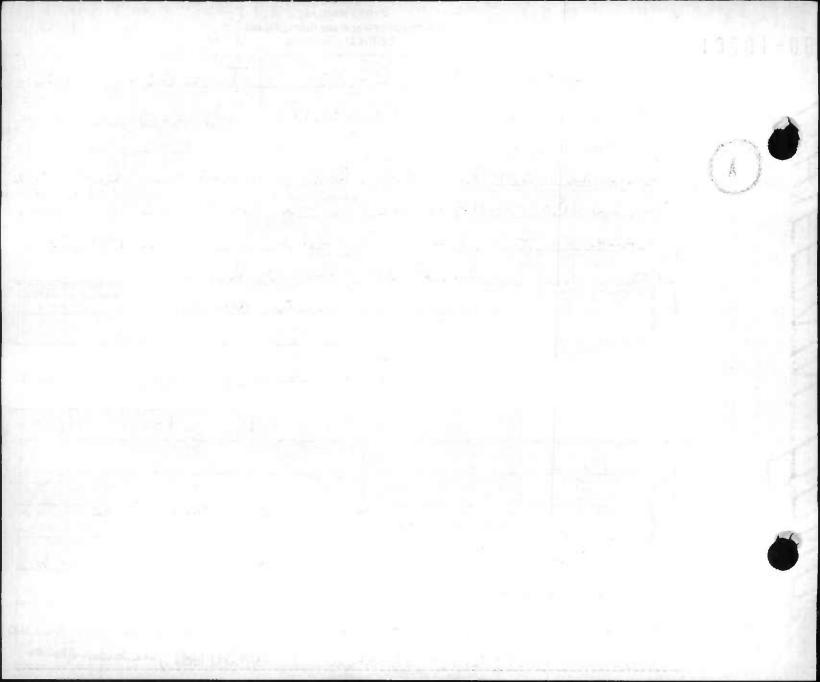
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

	: Vic.	/		
	05 B Z	n 3.	40	
	500	A. Ma	- J T	
Standard Lobbath	22 0001111	Faunhlin se	5777.0	
1571 action have 2/22	x 25/7;	e i ocit	and medium.	
201 05	270	. V.	ASSESSA!	
1 5 5 C 20 14. 2/22			· ()	(1)
				- 128 - 128
				A
			977	
1 × 1			4	
	×			
		MILL IN	LEFT TO SE	
ميا رس عبد شان عند				
	. 1. 2.	0 n.c.	n 3 . 80 305	

0	0	-
	1	D
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 20201	4
	1	1

D
19.
23 1786 112 34M
MONTHS DAYS HOURS MIN.
YRS.
R COUNTY OF DEATH
ORE LOUNTY MD.
12b, KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
R DIPT STORE
31234 APT E
ZIP CODE POR POR
UP2 KINGS VOUD
LAST
LSIBERTH
SS
(
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7 Nes
DITION GIVEN IN PART Tra
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES NO
Y IN ITEM 18 PART I OR PART 2)
VN COUNTY STATE
19 &C , that (I) (we) last
te and have and from the causes stated
22c. DATE SIGNED
FAND C/25/2
AN CITIE
COUNTY CONTRACTOR
15 BALTO! JARYLAND
SSB REGISTRAR'S SIGNATURE  Julia Davidson Aindalls



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6	G. NO.	1 6	0	1	
DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR	1
	06	23	86	1702	-
				1	-

REGISTRAR		CERTIF	ICATE OF DEATH	8 O REG. N	. 16	0 1 1
1. DECEASED NAME FIRST (TYPE OR PRINT)	1AH unk.	D	AST AV	20. DATE OF DEATH	Olo 23	86 (702 M
3. SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF UN	DER I YEAR OF UNDER 24 HRS
MALE	Caucasian	MONTH		79	YRS.	DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	16. CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City of	_	DEATH MD.
Baltimore		ve street address) unty Gene	eral Hospital	120 USUAL OCCUPAT {TYPE OF WORK FOR MOST OF Maintenand	F WORKING LIFE) IN	b kind of Business or idustry Clothes Renta
USUAL RESIDENCE (# NURS   ME   130. STATE   ME   ME   ME   ME   ME   ME   ME	JINTY 13c. CITY C		13d INSIDE CITY LIMITS? YES 😿 NO 🗌	2 N. Broad		1231
14. FATHER'S NAME FIRST Albert		ast Day	15 MOTHER'S MAIDEN NA FIRST Sara	MIDDLE		unk.
160/WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	AL SECURITY NO.	17. INFORMANT  Jeanetta Hall	ADDRI 8880 Balti	Savage, more St	Md. 20763
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)			Rungi C	ell Care	income	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A COR	NSEQUENCE OF				
cause (a), stating the underlying cause last.	DUE TO, OR AS A COR	NSEQUENCE OF			1.50	
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 110
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH? NO [
OR CONTRIBUTING TO CAUCE OF		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART TO	DR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn c	OUNTY STATE

STREET CITY OR TOWN

220 I certify that OK (this haspital) attended the deceased from sow the deceased alive on 6/23 above, (K(we) (did) (K(NO)) view the body after death.

and that in (all) (aur) apinion death occurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

22b. SIGNATURE

WHILE AT WORK

FOR

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

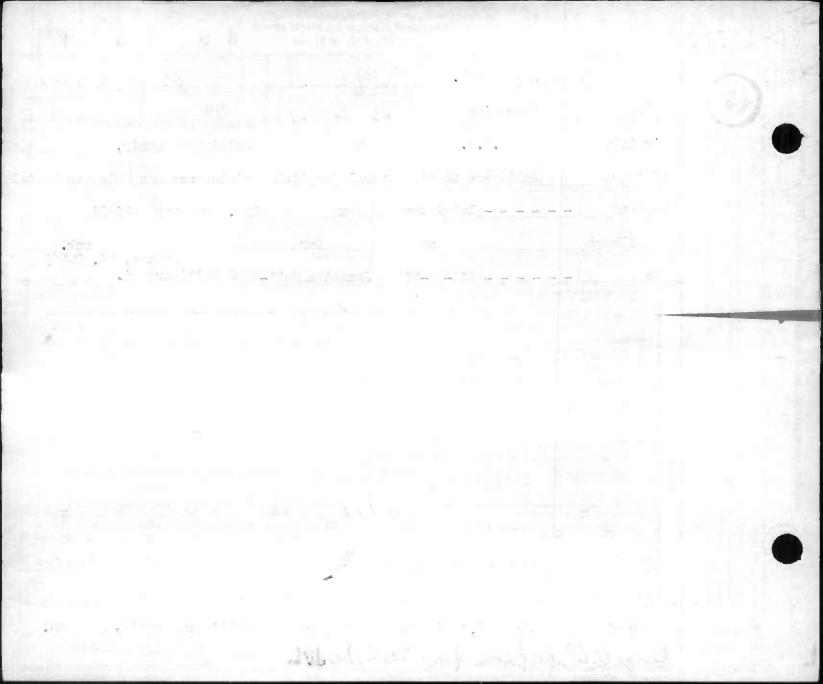
23d LOCATION
CITY OF TOWN
Baltimore County.

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

OakLawn Cemetery Burial



## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

00-09-889

director, page 3

STATE OF MARYLAND FOR

STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	1	6	O	1	- 1
	REG. NO.		102			

						REG. NO.		
I. DE	CEASED NAME FIRST		WIOOFE		AST	20 DATE OF DEATH MONT	H DAY YEAR	26 HOUR
3	OR PRINT)	C.	1	bit	LARMA	6	12.86	2.47
	8 1-40	1		111	Ulitale	O.		13.W
3 SE		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAY	and a second second
E	PEMALE	WHI	TE	NOA.	2,1900 YEAR	85	YRS	3 HOURS MIN.
D D	IRTHPLACE (STATE OR FOREIGN	Th CITIZENI OF	WHAT COUNTRY?	9				
u. Di			WHAT COUNTRY!	MARRIED	NEVER MARRIED	BALTIMORE CITY OR CO	DUNIT OF DEATH	
	NUSSIA	USA		WIDOWE		BALTIMORE	COLINITIA	MD.
10 C	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL NURSIN		750	12a USUAL OCCUPATION		OF BUSINESS OR
1	RANDALLSTOWN				GEN HOSP.	HOUSEWIFE		
r	CAMDALLSTOWN	DAL	TIMORE C	DOMIA	GEN HOSP.	HOUSEMILE	AT	HOME
	AL RESIDENCE (IF NURSII & HOME		GIVE RESIDENCE BEFORE	AOMISSION)		di .		400
3a S	STATE	MTY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	f3e.STREET ADDRESS / ZIP	CODE APT.	408
N	IARYLAND		CTTY 6	ALTO.	YES NO	7202 ROCKLAND	HILLS D	R. 21209
SALF/	ATHER'S NAME				15 MOTHER'S MAIDEN NAM			
	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST
_	NATHAN		CLINEBE	RG		DEL		KNOWN
	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT MR. H.	ARRY DETTY HIMA	N APT.	408
1		IVE WAR OR DATES	220 20	1220				
_	NO I		218-12-	4320	7202 ROCKLAN	D HILLS DR. B	BALTO, MI	D 21209
	18 CAUSE OF DEATH Enter of	nly one couse per	line for 101, (b), on	dic.	ESPIRAT,	DVI ANDDE	BETWEE	EN ONSET AND DEATH_
	PART I. DEATH WAS CAUS		1000 DI	0 100	STICITI	ry NIGHT	-1	
	IMMEDIATE CAUSE (o)							
	DUE TO, OR AS A CONSEQUENCE OF							
	Conditions, if ony, which ( jb)							
	gove rise to immediate	mmediate						
	cause (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF				
	underlying couse lost	( (c)_		100				
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN PART	lin
Z	PRNAI	- 0	A11 110		ANFMI	Δ		
CERTIFICATION	701.00	- //	0100	21	10.1	7		
V	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		. IF YES, WERE FINI CERTIFYING CAUS	
=						YES TO NOT	YES T	NO T
E E	210. ACCIDENT WAS UNDERLYING	7 216 TIME C	NE INTITION		21c. HOW INJURY OCCURRE		IEM 18 PART I OR PART 2	
	OR CONTRIBUTING CAUSE OF DE		M. MONTH D	AY YEAR	THE HOW INJURY OCCURRE	ED (ENTER NATU	EM 18 PART I OR PART 2	)
A	(IF EITHER NOTIFY MEDICAL EXAMINI		Μ.	19		1.40		
MEDICAL	21d INJURY OCCURRED		OF INJURY		211, LOCATION			
NA.			REET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
_	AT WORK NOT WHILE AT WORK	100		11	2 -1-	010	do	/
	22a.1 certify that (I) (this has	ital) attended	e deceased from	0/0/	0 19 80	10 011	1984	, that I (we) last
	sow the deceased alive a	1011	10	00	d that in (my) (per) opinion d	eath accurred at the date of	nd how and learnt	
	obove, (1) (x e) (did) (did		olter death.		d mor in (my) tobar opinion di	eom occorred on the dole of	na noor ond rrom r	ne couses stored
	276 SIONATURE	A	1. 4	[	DEGREE		22c. DA	TE SIGNED
	Vun Shoe	Halle	KILLA		ATTENDING _	MEDICAL STAFF	6.	12.86
	1979	200			PHYSICIAN [	DIRECTOR PHYSICIAN		
	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	F 10. 14	-1-	PAT TO CO	GEN. HOSP	PANDATT	STYCKINI MID
	1/11 PUSH	TTAS	4 MIT	di	DALIO. CO.	GEN. HOSF.	TAMUNALL	PIOMIN' LID
	1010000	1110		7				
23a I	BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d LOCATION		
	SPECIFBURIAL	june ]	15,1986	NER TA	MID	ROSEDALE	BALTO.	MD
		-1						

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove corbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

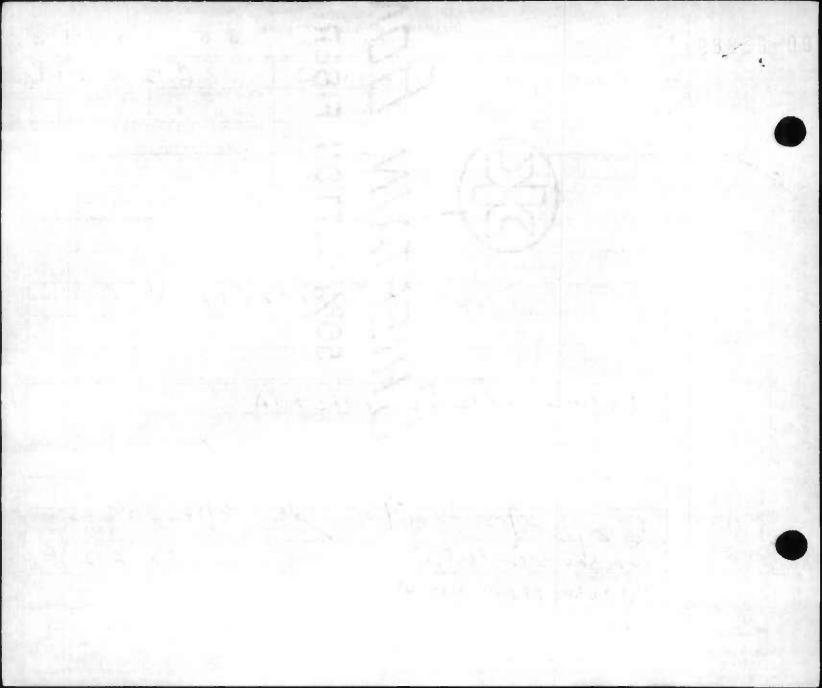
injury, or other troumotic event,

MPORTANT: If Hem 21 is marked or Hem 18 shews any

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO.OF MD

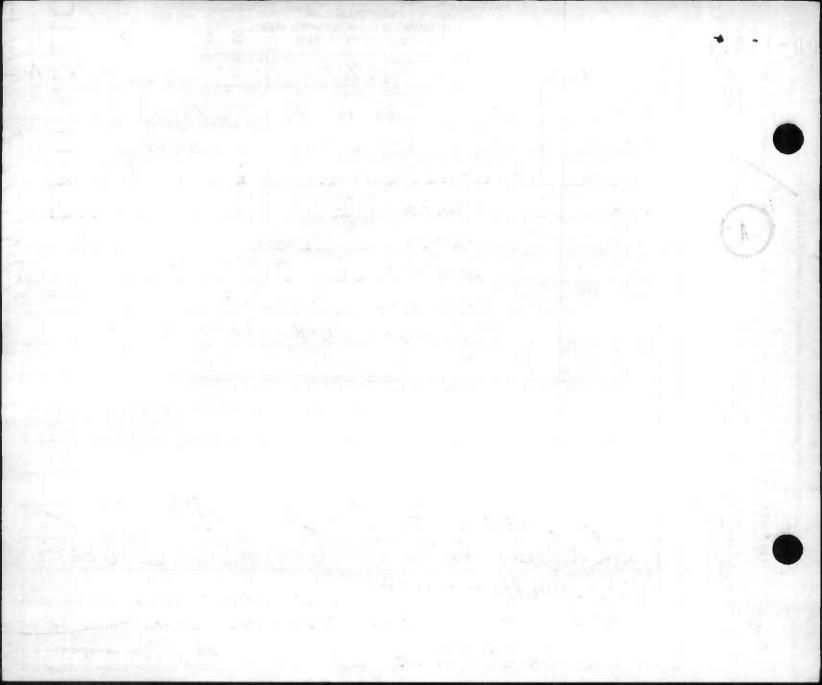
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 1.9 1988 Julia Variation Broken



1- 1	070		FOR STATE REGISTRAR				MENT OF H	E OF MARYLEALTH AND	MENTAL HYG	Ö	6 REG. NO		6 0	1 3
	e 4		CEASED NAME	FIRST		MIDDLE		Deleon		20. DATE C	OF DEATH	MONTH	DAY YEAR	2b. HOUR
y p	poge r dept			11/12			U	eleon				16 2	6 86	7,34m
Ĕ	fer p	3. SE:		1	RACE		5. DATE C		YEAR	6 AGE IN	YEARS LAST BIR	(HDAY)	MONTHS DAYS	HOURS MIN.
ige 4	urs a	1	tenale	>	WHIT		06		99		87	YRS		
	30 22		RTHPLACE (STATE ORF	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH	
	122	_	MARYLAND		USA		WIDOWE		NORCED [	BAI	TIMOR	E COU	YTY	MD.
1	11 / 6	III. CI	TY OR TOWN OF DEA	TH I	II. NAME OF	HOSPITAL, NURSII TH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INS	TITUTION	120 USUA	OCCUPATION FOR MOST O	ON	12b. KIND O	F BUSINESS OR
1 30	122	-	ANDALLSTOW		BALTIM	ORE COUNT	Y GEN	. HOSP		L.HC	DUSEWI	FE ·	AT	HOME
2 / 3	20 200		AL RESIDENCE (IF NURS	III DUN	OTHER INSTITUTION TY	13c. CITY OR TOV		13d. INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE		
Z F	1		ARYLAND	W.		BALTIN	ORE	YES XX	NO 🗌	435	7 CRE	STHEI	CHTS RD	21215
E ST	A Jan	14. FA	THER'S NAME	M	NIDDLE	LAST		15 MOTHER	S MAIDEN NA	WE	MIDDLE		LAS	
3 1	13/200	/_	LOUIS			MAROVI	Z		REBEC	CA			BALIER	
SEE.	70 00		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC	JRITY NO.	17 INFORMA	MRS MRS	. ROSE	TRES	SHLER		
IIV	P P P		NO	10.000	TAN ON DATES,	217-58-	8878	4357	CRESTHE			#2121	5	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certific attending physician.	has been signed by the attending phy tograms. Then please remove carbon potene prior to burial, cremation, or remo aws any injury, or other traumatic even	CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN  190 DATE OF OPERAL	which nediate g the last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	R AS A CONSEQUE	ENCE OF	NOT RELATED		•		20b. IF YES		IGS USED
VAN.	ficote fronsi 1 Hyg 18 sh		210. ACCIDENT WAS UND		HOUR A		AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER P	ATURE OF INJUR	RY IN ITEM 18 P	ART I OR PART 2)	
SICI.	riol-r entol	CAI	(IF EITHER NOTIFY MEDIC	ALEXAMINER)	Ρ.	M	19							
PHY endi	this the busy of M	MEDICAL	21d. INJURY OCCURE			OF INJURY REET, FACTORY, OFFICE	FARM, ETC	21f LOCATION STREET			CH1 (26 10)	Atte	COUNTY	STATE
N O TO	After the as the olth and marked	-	AT WORK AT WOR	ILE L			1	51	d		16	6	260	
Z	Leolis me		220.1 certify that (1)		al) attended th	deceased from	181	21	_, 19	fo	9/-	7		that (1) fue last
ATTE	of post		saw the decease	d alive ap	view the body	after death	S Y or	nd that in (my)	(au) opinian	death occur	ed of the do	ate and hou	and from the	causes stated
AL OR A	detoched lote Dept		Puns	Lotte	am	dul	1	DEGREE	ATTENDING PHYSICIAN [	MEDICAI DIRECTO	STAF	F IAN 🔲	6. 2	B SE
O HOSPIT etained by	should be det with the State		PUPU	JSH	OTTA	M M17	RA	22e ADDRES	BCGH -	RANDA	LLSTO	IN ME		
BP.	F 79 3 5		SURIAL, CREMATION, SPECIFY) BURIA		JUNE 2	27,1986		EMETERY OR ZION TE	CREMATORY	ISRAE	ATION L ROSE	EDALE	BALTO.	STATE MD
DHMH	- 16 60M 7/84	24 F	JNERAL DIRECTOR	30	r. r.evin	ISON & BR	OS.	TLNC	250 PIAI	E REC'D. BY	REGISTRAR	25b. REGIST	RAR'S SIGNATI	URE
	(RA 15, 4)		6010 RETST					21215	100	e I	1900	1	m 1 mos mal	- Indian

UNERAL DIRECTOR
NAME
SOL LEVINSON & BROS., ILNC.
6010 REISTERSTOWN RD. BALTO., MD 21215



trau

prior

the burial-transit peand ond Mental Hygiene

님

FOR

0-10546

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	6	U	1

IF UNDER I YEAR

2b HOUR

126 KIND OF BUSINESS OR

21093

21093

Maryland

LAST

REG. NO

June 22 1986

MIDDLE

NO

CITY OF TOWN

ADDRESS

Lutherville

- STATE REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OF PRINTI Mrs. Viola Lula Demmitt 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH Female Caucasian September 13 1893 O. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Varyland U.S.A. Baltimore County WIDOWE DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Dulaney Towson Nursing Home Towson lomemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c, CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore Lutherville 1517 Bellona Avenue YES T 14-MATHER'S NAME 15. MOTHER'S MAIDEN NAME Isaiah Greenwood Ida Horton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17MHS RMKatherine Maver I YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 215-07-5997 D 1517 Bellona Avenue 18 CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram\_ saw the deceased alive an 20 Von Rabave, (1) (web/did) (did not) were the body after death, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated SIGNATURE DEGREE ATTENDING THYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT) 22\* ADDRESS

DIRECTOR PHYSICIAN

23e. BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran Cem.

23d. LOCATION Uniontown

Carroll Maryland

22c DATE SIGNED

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

YES []

IN CERTIFYING CAUSES OF DEATH?

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

23b. DATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

should be deta

MPORTANT

DHMH - 16 60M 7/84

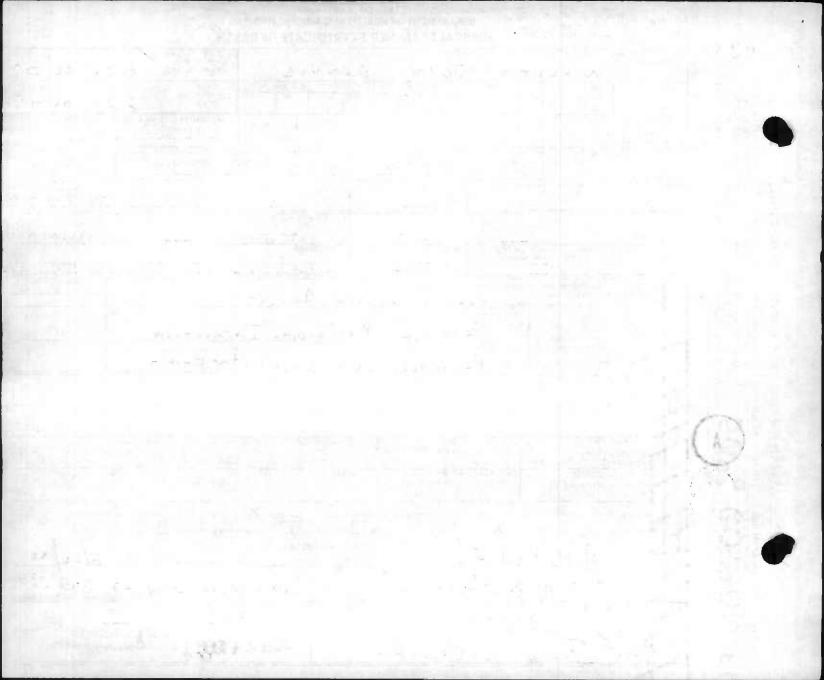
and the first course of the contract of the second contract of the contract of 90 651 El -wo cope 54 and 5 produced the ACM and the control of Service of the servic Total section and the Universe in

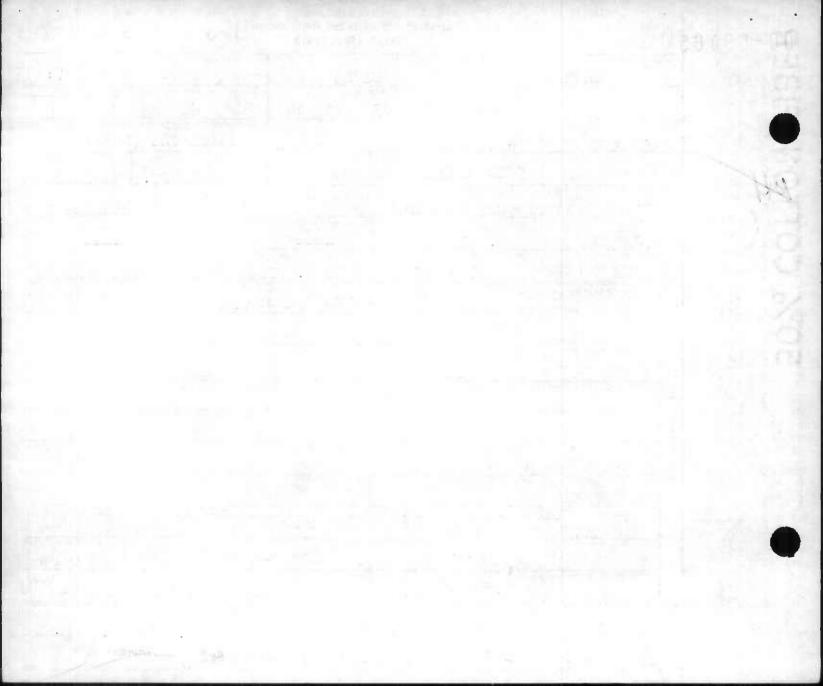
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

(VRA 15, 4)

May be well and the second of the second But in and the contract the contract the maces and the THE STREET OF STREET Sit I Faciation sport on the State Maria 3300 Inhace Salad

PHILIPPINE DESIRE





(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	
0	REG.	NO

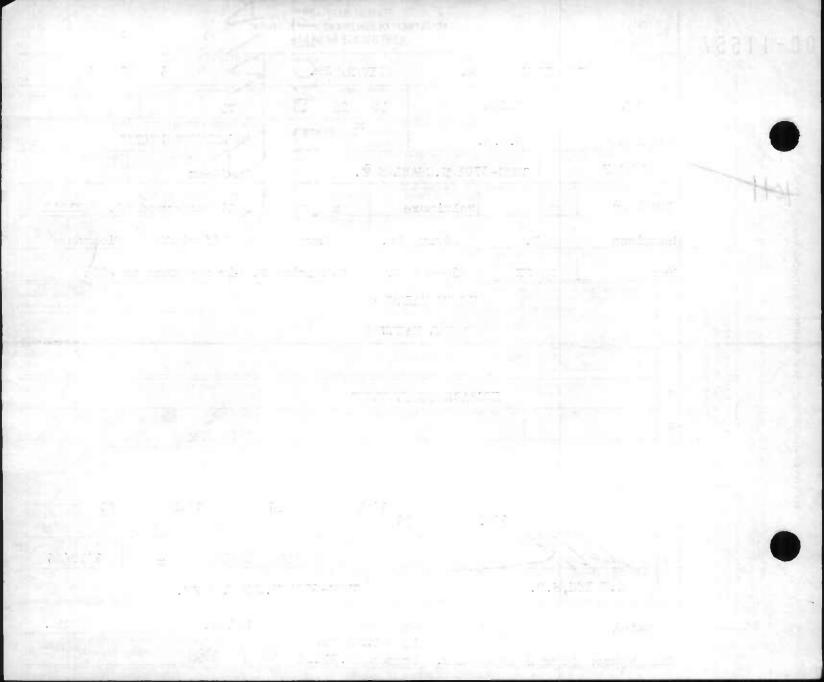
}	6 REG. NO.	NATO	6	U	-	8
-		_			-	_

J	ITY OR TOWN OF DEATH  ITY OR TOWN OF DEATH  ITY OR TOWN OF DEATH  ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE (IF NURSING HOME)  IS CAUSE OF DEATH IE INTER ON A COUNTY  IS CAUSE OF DEATH IE INTER ON A COUNTY  IS CAUSE OF DEATH IE INTER ON A COUNTY  IS CAUSE OF DEATH IE INTER ON A COUNTY  IS CAUSE OF DEATH IE INTER ON A COUNTY  IS CAUSE OF DEATH ON A COUNTY  IS CAUSE OF OPERATION  IS CAUSE OF OPERATION  IS CONDITION FOR A COUNTY  IS COUNTY  IS CAUSE OF INJUITION OR ON A COUNTY  IS CONDITION FOR A COUNTY  IS COUNTY  IS CAUSE OF INJUITION OR ON A COUNTY  IS COUNTY  IS CAUSE OF OPERATION  IS CAUSE OF INJUITION OR ON A COUNTY  IS COUNTY  IS CAUSE OF INJUITION OR ON A COUNTY  IS CAUSE OF INJUITION OR ON A COUNTY O		CERTIFICATE O	F DEATH	8 O REG. N	0.	0 0	; 0	
			MIDDLE	LAST	20	DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
			M.	DINAT	ALE	2~	×7,8		3:45 M
-	3.5E	. A . C	4. RACE WHITE	S. DATE OF BIRTH	Y YEAR	AGE (IN YEARS LAST BIR	MOI	UNDER TYEAR	HOURS MIN.
4	1	A STATE OF OREIGN	76 CITIZEN OF WHAT COUN		ER MARRIED DIVORCED D	BALTI	M A P F	F DEATH	MD.
-	10/8	GLALO A.	11. NAME OF HOSPITAL, NI	JRSING HOME OR OTHER I		USUAL OCCUPAT		12h KIND OF	BUSINESS OR
2	8	4LTIMORE	BALTO CO	UNTY GE	N HOSP	OWNER	> VORKING LIFE)	NEST!	AURANT
7	3a S	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE 11Y 13G CITY OR 11T C	ANTINE YES	NO 🗌	STREET ADDRESS 2 HEAL	ZIP CODE	RD.	6826
1	14. FA		MIDDLE LAST		FIRST DALIN	MIDDLE	11 0	LAST WACA	A A/
þ	16c V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFOR	MANT )	BRIGAR	FINE,	N- J -	08203
2	V	ES DE OR UNKNOWN) DE YES GIV	army 189-	8-1035 STE	ELLA !		LE- 0	ZHEA	LO RI
		18 CAUSE OF DEATH Enter an	ly and cause per line for Ia1, (1	o), and (c)	•			APPROXIM BETWEEN OF	NATE INTERVAL
				tulic ca	a nem	ofthen	Lomach		
			DUE TO, OR AS A CONS	EQUENCE OF					
			(b)					-	
		cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF					
1	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA		-		IN PART 1:a	
4	ATIO	PA DATE OF OPERATION	TISH CONDITION FOR W	HICH OPERATION WAS PE	PEOPMED I	20g AUTOPSY?	Tank IF YES V	WERE FINDING	GSTISED
4	THE	DATE OF OPERATION	1148. CONDITION FOR W	HICH OPERATION WAS PE		YES NOW		NG CAUSES C	
1	1157714111			DAY YEAR	V INJURY OCCURRED	ENTER NATURE OF INJU	IRY IN ITEM TB PART	1 OR PART 2)	
	ICAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19			33		Z 1073
	WED	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FFICE FARM, ETC.) 21f LOCA	ATION REET	CITY OR TO	NWN	COUNTY	STATE
			tal) attended the deceased I	rom Man 10	19 46	10 3 000	-7, 19		hat (I) (we) last
		saw the decrased alive an	3 mm 7	19_86, and that in (	my) (aur) apınian deat	h accurred an the d	ate and haur a	nd I cam the co	auses stated
ij				DEGREE				22¢ DATE S	IGNED
		Storend			PHYSICIAN DI	RECTOR PHYSIC		6 -	7-86
				22e ADD				A	^
		GHASSEM T	POURMOTA		alts. Co		· Ro	me	ע
	23e 8	BURIAL, CREMATION, REMOVAL	23b. DATE /9 /8/	23¢ NAME OF CEMETERY	BO -	23d LOCATION	0 1	90	STATE
	24 FL	UNERAL DIRECTOR COL	o Reitter	THE PA	25e. DATE RE	C'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATU	RE
	5	OLO LEVINSON	ACTES!	eltimore, MD	JUN	1 3 1986	julia Da	vidson-A	andella

	may b	poge.
	ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 than after death. Page 4 may be reported or attending physician.	FECTOR Annual continuous man seed by the attending physician and completely filled in 1111 Favetal director, page
	oth. P	erol d
	r de	0
201	الحال	ہند
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND P1201	7	lled in
YLAN	thin	tely fi
MAR	led w	omple
AORE	execu	puo
ALTIA	te be	icion Pers p
ST., B	rtifica	3 phys
NOL	oth ce	ending
PRES	he dec	he affe
×.	thot t	by th
5, 20	S	an and
CORD	8	1000
AL RE	be lo	tou.
VIT/	AN. T	ficate
O N	YSICL Fing p	Cent
VISIO	ATTENDING PHYSICIAN: The Is repital or otherding physician	di ta
٥	NDN	B. Att
	ATTE	CTO
	Sec. 2	200

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) HARRISON 186 M. DIVER, JR. 6 30 4. RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS White ďď 25 15AR MALE 71 TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY Maryland U.S.A. BALTIMORE COUNTY WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET GBMC-6701 N.CHARLES T. TOWSON Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore 5817 Meadowood Rd. 21212 YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Harrison M. Diver, Sr. Elizabeth Marv Wickman 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES! Yes 220-09-8539 WW II Katherine J. Diver - Same as #13e 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: HEART FAILURE IMMEDIATE CAUSE traumatic DUE TO, OR AR ENALE OF ATLURE Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 20 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION INTRACEREBRAL BLEED 9n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO J 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 STREET CITY OR LOWN STATE NOT WHILE AT WORK 6/306/24 80 80 220.1 certify that (1) (this haspital) attended the deceased from. 6/3086 sow the deceased alive an. and that in (my) (our) apinion death occurred on the date and have and from the causes stated above, (1) (we) (did)(did,nat) yew the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL D FUNERAL C hould be deto the State C APORTANT. II 6/30/86 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 9 A.SMITH.M.D. GBMC-6701 N.CHARLES ST. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OF TOWN BP Balto. Md. Burial 7-3-86 Oak Lawn 24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. 250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) Towson, Md. 21204

Ruck Towson Funeral Home, Inc.



8105	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		6 0	2 0
		CASED NAME FIRST OR PRINTS Jonathan (Jo	hn) A.	NIDDIE D	ds	worth	20 DATE OF DEATH	MONTH DA	VEAR 86	26 HOUR 10 PM
t of the t	SEX	Male	4 RACE W A	HITE	5. DATE (		6 AGE (IN YEARS LAST BI	YRS	FUNDER I YEAR	IF UNDER 24 HRS
1 200	Ver	RTHPLACE I STATE OR FOREIGN OUNLINY) Hampshire	USA		WIDOWI		BALTIMORE CITY O		OUNTY	MD.
	I	OWSON	I HE NOT IN S	UCHFACILITY, GIVE STREET	H N	OSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR  Instrumen
1 3 3 5 T	M. S	id. Ba		Perry H	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 8517 He	/ ZIP CODE	Court	21236
12 / 3/	FA	Lindley	MIDDLE DO	odsworth		Lillian	WIDDLE		ajoie	7
		AS DECEASED EVER IN U.S., ES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	002-28-9		Mrs. Mary Do	dsworth	Same	179	
and by the death gares of by the attendar of the order of		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_ DUE TO,	OR AS A CONSEQUE	NCE OF	TIC CANC		m color		
on. has been sign permit Then mine prior to bu	CERTIFICATION	90 DATE OF OPERATION		DITION FOR WHICH			200 AUTOPSY?	20b IF YES,	WERE FINDIN	NGS USED
4 44 10	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETTHER NOTIFY MEDICAL EXAMI	DEATH HOUR (NER) 21e. PLAC	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE F	19	216 HOW INJURY OCCUR!	RED (ENTER NATURE OF INJU	7	COUNTY	STATE
TOR After to the to the to the or the to the t	N	220.1 certify that (1) this has saw the deceased always (1) did (did	spital) attended	the deceased fram_	19	8 4 , 19 ad that in (my) (aur) apinian	to6= /		26	that (II)(we) last
SAL DIREC detached here Dept.		276. SIGNATURE	ten	y other death.			MEDICAL STA	FF CIAN []	220 DATE	SIGNED 2.86
Sold by the S		22d. PHYSICIAN'S NAME (TYPE	O e	ERRER		7600 OSL	ER DR-TO	ZUSON	-10	121204

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

23a BURIAL, CREMATION, REMOVAL

Burial

U. TERRER

23c NAME OF CEMETERY OR CREMATORY June 4,1986 Most Holy Redeemer

23d LOCATION
CITY OR TOWN
Baltimore

Maryland

Jan Sanligher Sandhosk - Sandhosk

one Trans

G. Bolto. Ferty Juli a 2 8917 Hearthrow Court 2125-

one stouched was .ell ocle-1-500

The tall control was being foreseen the bis ore

Labourg J. Most inc. Scittoore, Maryland

	ě	o the
	May	p od
	3e 4	s of
-	Poo	hou
4	400	200
	0	25
5/1	1	EPC.
£ /	12	1 4
\$	1	10
RYL	di b	10 mg
W	o v	dus
ORE,	Kecul	d co
I W	9	Pog.
BAL	o to	ysicio aper val.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND PROPERTY.	rtific	on po
O	th ce	carb,
EST	o e o	offe
>	the	the rem
0 0	that	d by lease ial, c
5, 2	oires	en p
ORG	red	it. Th
REC	<u>0</u>	as b
ITAL	The	nsit p
> Y	phy	tafic Il-tro
N	IYSIC	Scen
VISIO	PH C	the the
ā	Zo	Afte os
	TEN	Or us
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 Language death. Page 4 may be retained by the haspital as attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely lilled in the firm funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the burial to burial, cremation, ar removal.
	the the	etach te De
	SPIT A	be d
	HOS	FUN Photo
	O de	Sho sh

DHMH - 16 60M 7/84

(VRA 15, 4)

1-	FOR STATE REGISTRAR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 6	D.	6 0	2
	CEASED NAME FIRST Florer	nce	MIDDLE	Do	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
2.051			М.			June 25, 1		IF UNDER 1 YEA	4:51
3. SE)	Female	4 RACE Whi		5. DATE C	13-1892	6. AGE (IN YEARS LAST BIR	YRS	MONTHS DAY	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	Th. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o	Count		
10 CI	Rossville	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET <b>klin Squa</b>	ADDRESS)	Spital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife			OF BUSINES Y
13a S		DR OTHER INSTITUTION INTY	136. CITY OR TOW Balto.		13d INSIDE CITY LIMITS? YES NO 🔏	13e STREET ADDRESS 7424 Kenl	ZIP COD	e. 212	36
14 FA	John	J.	Louis		Is. MOTHER'S MAIDEN NAME Kathrina	ME MIDDLE		Reinha	rdt
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	210	085
	No No	THE WAR OR DAIES	220-48-	5313	Alma Sproul,	1705 Singer	r, Rd	., Jop	pa, Md
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)_	DR AS A CONSEQUE	rono	ing Afhero	sclerosis			
ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS	OR AS A CONSEQUE	ENCE OF	TO HAVE				
TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI  200 AUTOPSY?  YES   NO	20b. IF YE	VEN IN PART  S, WERE FINE IFYING CAUSI ES	DINGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  196 CONE  HOUR A	OR AS A CONSEQUE	ENCE OF  DEATH BUT  OPERATIO	TO HAVE	200 AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE FINE IFYING CAUS ES	DINGS USED ES OF DEATH NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  19b CONE  HOUR A  EATH  P  21b PLACE	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH  OF INJURY M. MONTH DA	DEATH BUT  OPERATION  AY YEAR  19	n was performed	200 AUTOPSY? YES NO	20b. IF YE IN CERTI Y	S, WERE FINE IFYING CAUS ES	DINGS USED ES OF DEATH NO
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (h) this hass saw the deceased dive of above (h) (we) (did (did n)	DUE TO, C  (c)  CONDITIONS C  196 CONE  196 CONE  ATH  P  216 PLACE (AT HOME S'	OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCURE  211 LOCATION STREET  19  nd that is (my)(aur) apinion of	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b. IF YE IN CERTI Y	S, WERE FINE IFYING CAUS ES  PART 1 OR PART 2  COUNTY	DINGS USED ES OF DEATH NO
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  198. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK  22a. I certify that (1) this hasp sow the deceded dive of above (1) (we) (did (did not 22b. SIGNATURE)	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  196 CONE  196 CONE  196 CONE  196 CONE  197 CONE  198 CONE	OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	211. LOCATION STREET  211 LOCATION STREET  Ad that if (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b. IF YE IN CERTI Y Y IN ITEM IB	S, WERE FINE IFYING CAUS ES  PART 1 OR PART 2  COUNTY	DINGS USED ES OF DEATH NO    tho   t
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (h) this hass saw the deceased dive of above (h) (we) (did (did n)	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  196 CONE  196 CONE  196 CONE  196 CONE  197 CONE  198 CONE	OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	211. LOCATION 211 LOCATION STREET  19 and that in (my) (aur) apinion of Physician (Physician) 22e ADDRESS	20e AUTOPSY? YES NO CITY OR TO  to death accurred on the do	20b. IF YE IN CERTI Y RY IN ITEM IB	S, WERE FINE IFYING CAUS ES  PART 1 OR PART 2  COUNTY	DINGS USED ES OF DEATH NO
WEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILLIP EITHER, NOTIFY MEDICAL EXAMINI 216. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) this hasp sow the deceased after 6 above (1) (we) (did (did n) 220. SIGNATURE	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  19b CONE  19b CONE  21b TIME ( HOUR A HOUR A FR)  21e PLACE (AT HOME S)  POINT)  OUN	OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING	DEATH BUT  OPERATION  AY YEAR  19  CARM. ETC.)	211. LOCATION 211 LOCATION STREET  19 and that is (my) (aur) apinion of the physician of th	20e AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI  CITY OR TO  to 6/14  death accurred on the do  MEDICAL STAL  DIRECTOR PHYSIC  23d LOCATION CITY OR TOWN	20b. IF YE IN CERTI Y Y IN ITEM IS	S, WERE FINE IFYING CAUS ES  PART 1 OR PART 2  COUNTY  19  22. DA  6/	DINGS USED ES OF DEATH NO DISTRIBUTION OF THE COURSES STORED OF THE COURSE STORED OF THE COURSES STORED OF THE COURSES STORED OF THE COURSE S

			- I .e		
		2081-21-	9.7		
	f 2 310		- 4	44	. 41
	Maures Lin	(arrigae)		meri e	Life and
grie . or	75.06 Senten	2	· entirel	Bolte.	•
Dyadajah		nniadana	remot.	.6	je loži
RATE REGOS LE	AMOUNT FORE	Tennes act; T	TTP SEELINGS		
		aroste his			
33	sele :		31		

DEFINITE HEAD TOO

To book and the second of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-09031 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH ye 3 (TYPE OR PRINT) Sister Mary Willibald Downs 6/9/86 poge 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Female White 99 86 To. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania USA Baltimore County WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Villa Assumpta, Baltimore N. Char MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13c CITY OR TOWN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND Md. Balto. Baltimore YES [ NO XX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAM Theodore Mary Downs 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-54-7967 No A Sister An 18 CAUSE OF DEATH Enter only one cause per line to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate othe cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN CERTIFICATION been prior 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED hos burial-transit per Mental Hygiene certificate 21c. HOW INJURY OCCURRE 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY morked or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 711. LOCATION 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE should be detached for use with the State Dept. of Heal IMPORTANT: If Item 21 is m 220.1 certify that (1) (this haspital) attended the deceased from TO FUNERAL DIRECTOR. 6/9 saw the deceased dive an\_ and that in (my) laur) opinian de abave, (I) (we) (did ) did not view the bady after death. 226. SIGNATURE DEGREE ATTENDING

224. PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Dr. Lawrence Boas, M. D.

23b. DATE

6-12-86

Mitchell-Wiedefeld Home 6500 York Road 21212

FOR

STATE OF MARYLAND

PHYSICIAN

25a DATE

54 Scott Ada

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Villa Maria Cemete

(TYPE OF WORK FOR MOST OF WORKING LIFE)  es Retired  Teacher	Education							
1- CIRCULADDRECS	s St. 21212							
"Grenda	LAST							
gelina Catina	- same							
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	YEARS							
	•							
HAL DISEASE OR CONDITION GIVEN	IN PART IIa							
200 AUTOPSY? 206. IF YES, V IN CERTIFY IF	VERE FINDINGS USED NG CAUSES OF DEATH?							
D (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)							
CITY OR TOWN	COUNTY STATE							
, to 6/9 , 19 eath accurred an the date and haur a	nd fram the causes stated							
MEDICAL STAFF DIRECTOR PHYSICIAN	6/9/66							
n Rd., Cockeysville 21030								
	alto. Md.							
REC'D. BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE							

2b. HOUR

176 KIND OF BUSINESS OR

IF UNDER I YEAR

10:30 A

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

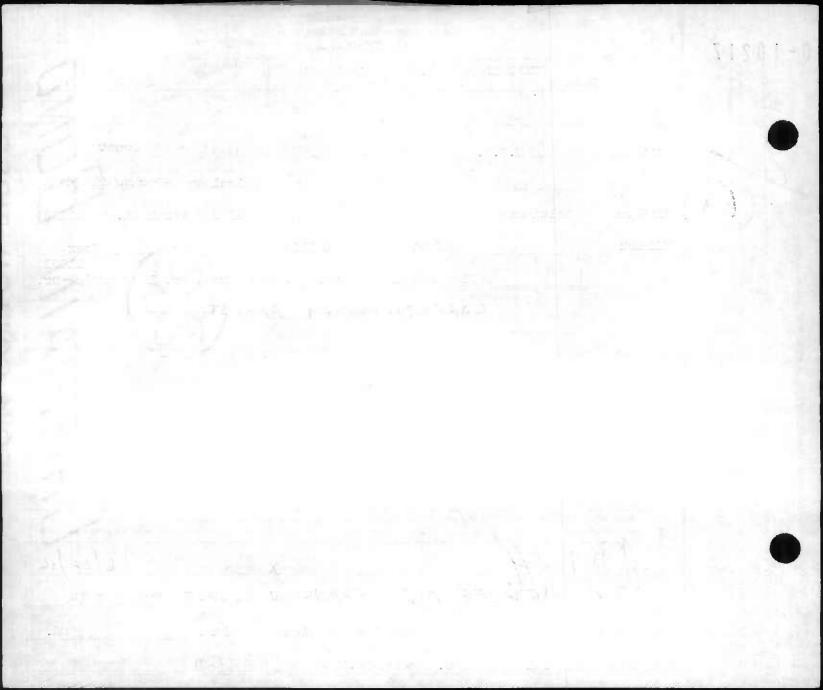
Designation beauty a second of the daily because

Tr. Lawrance Lors, with 5h reptail we set, dening willed \$1000

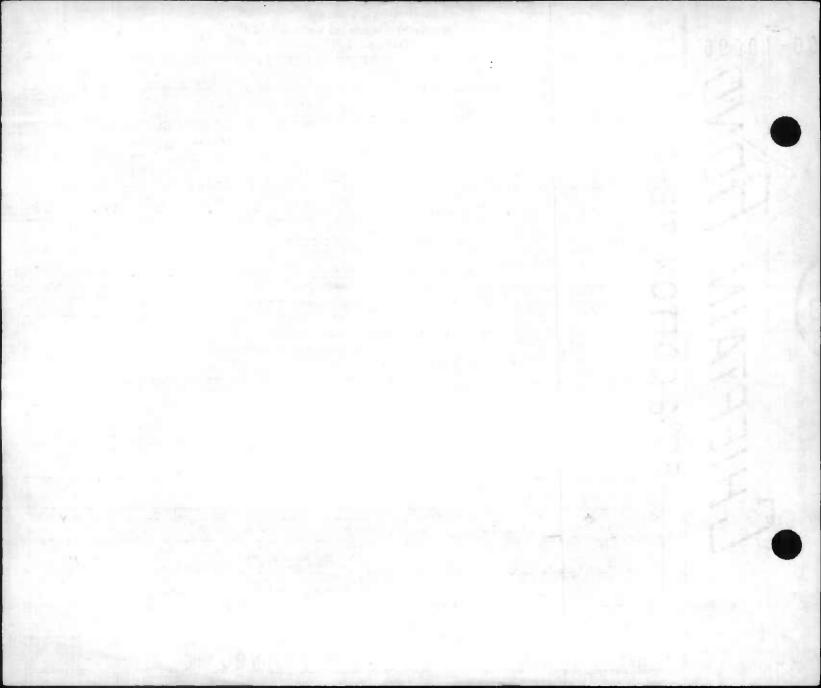
person of particular and the particular of the company of the comp

TX. OF THE PROPERTY OF THE PRO

DECENSION RESISTANCE THE RESISTANCE		1				STAT	OF MARYLAND			
Condition, if any, which give the project of the	-10217	1.			DEPARTA			0 0	16	0 2 3
TO US OF INTERPRETATION OF DEATH  TO US	ege pe		On hour 1:	GILBERTA	M. M.	D	DUCKWORTH	6		
MARYLAND  IS CITY OR TOWN OF DEATH  IN NAME OF HOSPITAL NURSHOR HOW CROTHER INSTITUTION  TO US SUM  WANTED PROPERTY OF THE PRO	cfor . po	3. SE	- 10		te	MONTH	OAY YEAR	0	MONTHS	
B. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR COTHER INSTITUTION   12. SULL OCCUPATION   13. NEW OF PUSINESS OR PRODUCTION OF STREET JOINES   13. NOTIFICATION   13	0 138		COUNTRY)		WHAT COUNTRY?					
13s STATE   13s COUNTY   13s INSIGN CITY ONLY   13s INSIGN CITY ON	\$ 90	10 C	10 W SU N	11. NAME OF (IF NOT IN SUC MUIT	Medica	ADDRESS	( )	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDU	STRY
Gilbert    Moffet   M	A A	13a. : Ma	ryland Balt	VTY			YES NO X	1103 Epw		21234
The second control of the second part of the seco	17030		FIRST	MIDDIE			FIRST	MIDDLE		
BE CAUSE OF DEATH, Enter, only one course per line for 10. 1b., and 1c.    PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, only one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., and 1c.   PART   DEATH STREET, one course per line for 10. 1b., a	modes		YES NO OR UNKNOWN) (IF YES GIV							
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (b), stohing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PA	BALLY corte à appert appert nt. flee		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE							
22e. ADDRESS  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DEGREE  22e. ADDRESS  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	deliver that the the highest term please rem to bursal, committed by the highest terms to bursal, committed by the highest terms and the highest terms are the highest terms and the highest terms and the highest terms are the highest terms are the highest terms and the highest terms are the highest terms are the highest terms and the highest terms are the highest terms are the highest terms and the highest terms are the highest terms are the highest terms and the highest terms are the highest terms are the highest terms and the highest terms are the highest terms and the highest terms are	NO.	cause (o), stoting the underlying cause lost.	(c)			NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PA	ART Ira
22e. ADDRESS  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIREC	ALK no he la no	TIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED		IN CERTIFYING CA	AUSES OF DEATH?
22e. ADDRESS  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN  23e. BURIAL, CREMATION, REMOVAL STAFF PHYSICIAN SQUARE HOSPITAL  23e. BURIAL, CREMATION, REMOVAL STAFF SIGNATURE STAFF STAFF SIGNATURE STAFF ST	SICIAN: T 19 physici 19 physici 10 phys		OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	ART 2)
22e. ADDRESS  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN  23e. BURIAL, CREMATION, REMOVAL STAFF PHYSICIAN SQUARE HOSPITAL  23e. BURIAL, CREMATION, REMOVAL STAFF SIGNATURE STAFF STAFF SIGNATURE STAFF ST	offer this os the but the orked or	MEDI				ARM, ETC }		CITY OR TOV	AN CORN	NTY STATE
ATTENDING MEDICAL STAFF PHYSICIAN MIDIRECTOR PHYSICIAN DIRECTOR PHYSIC	TEND or use or use of Heal		saw the deceased olive on		19		d that in (my) (aur) apinian		ite and hour and fro	om the causes stated
BP	0 = 0 70 7		of m nhu	Iff			ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	1
BP	O HOSPI efpined k TO FUNE should be with the S		2 W VI	440		0	FRANKLIN		Hospi	TAL
DHMH - 16 60M 7/84  24 FUNERAL DIRECTOR  ADDRESS  1050 York Rd.  250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			SPECIFY)					CITY OR TOWN	COUNTY	
		24 F	INERAL DIRECTOR	al Home	ADDRES 5	)50 Yc	rk Rd. 250, DAT			



0090	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0	G. NO.	6 0	2 4
o the co	(TYPE OR PRINT)							June 15		DAY YEAR	26 HOUR 5:30A
moy be page 3 fer death	3. SE		4 RAC			5. DATE C		6 AGE (IN YEARS)		IF UNDER 1 YEAR	IF UNDER 24 HRS
a offi		Female		Whi	te	NOV	25 1914	71	YRS	MONTHS DAYS	HOURS ; MIN
182		RTHPLACE (STATE OR FOR	FIGN 7b. CI		VHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE C	re Count		
1500	10.0	Virginia TY OR TOWN OF DEATH	111 N	USZ		WIDOWE	R OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS OF
157	I	Rossville	F	rank.	Lin Squ	are 1	Hospital		MOST OF WORKING L		
12 95	13a. S	ALRESIDENCE (IF NURSING TATE 13 Maryland	HOME OR OTHER Balt		ISC. CITY OR TOW ESSEX	/N	134 INSIDE CITY LIMITS?	13 STREET ADDI		ř Ave.	21221
TO ASO	14. FA	THER'S NAME	MIDDLE		LAST		15 MOTHER'S MAIDEN NA	ME			.51
15/20		Henry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Sprouse		Martha			Eunice	
Pages 1		VAS DECEASED EVER IN ES NO OR UNKNOWN) NO	U.S. ARMED F IF YES, GIVE WAR (		577-16	-528	17 INFORMANT L Janet Sha		37S.8t	h.Road	ArlŸāġ
is been signed by the cents. Then please re- prise to burial, cent stary injury, or other	CERTIFICATION	cause (a), stating underlying cause  PART 2 OTHER SIGNIF	ICANT COND	ITIONS CO		DEATH BUT	OMA  NOT RELATED TO THE TERM  WAS PERFORMED	20a AUTOPSY	20b. IF YE	VEN IN PART 1	INGS USED
sicion nsit o ygie	ERTIF	21a. ACCIDENT WAS UNDER	LYING 7	16. TIME OF	INJURY		21t HOW INJURY OCCUR	YES NO		PART OR PART 2)	NO 🗆
is certificate burial-transit   Mental Hygica or Nem 18 sha		OR CONTRIBUTING CAU	SE OF DEATH		A. MONTH D	AY YEAR					
r this certif the burial-t and Mental ed or Hem	MEDICAL	21d. INJURY OCCURRED	2	1e. PLACE C			211 LOCATION STREET	CIT	ORTOWN	COUNTY	STATE
CTOR. After if for use os the of Heolth or n 21 is morke		22a.1 certify that (the saw the deceased above, (we) (did		ttended the	deceased from 19_	June 86a	d that in (my) (aur) apinion	to June death occurred on	15 the date and ho		
AL DIRE		P. WOOD	war	J.	MD		DEGREE  ATTENDING PHYSICIAN [	MEDICAL DIRECTOR F	STAFF HYSICIAN		5/86
O FUNERAL Moved the der of the State		Ralph Woo					9000 Frankl			21237	7
22137		SURIAL, CREMATION, RE SPECIFY) Burial	MOVAL 23b	6/18			emetery or crematory wn Cemetery	23d LOCATION BATT	imore	Maryl	LandState
H - 16 60M 7/84 VRA 15, 4)		INERAL DIRECTOR ONNELLY FU	uneral	L Hom	e300Ma	ceAve		E REC'D. BY REGIS		TRAR'S SIGNA	



- STATE

DHMH - 16 60M 7/84

(VRA 15. 4)

706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY and that in vey) (our) opinion death occurred on the date and hour and from the causes stated Burial 7-3-86 St. Stanislaus Balto., Md. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR STANDARD 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Freight

Zardeskas

TO TO THE PARTY OF the second of the Parish and the second of t PER DESTRUCTIVE OF SAME Timent Varieties Continued Starte Santon - June P. Johnsviell, Holland P. Johnsviell, Holland PC. Borl Teres In dismission United All Controls Local - Local de legislati file and south in amount

requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physician.

BP.

deoth Poge 4 may be

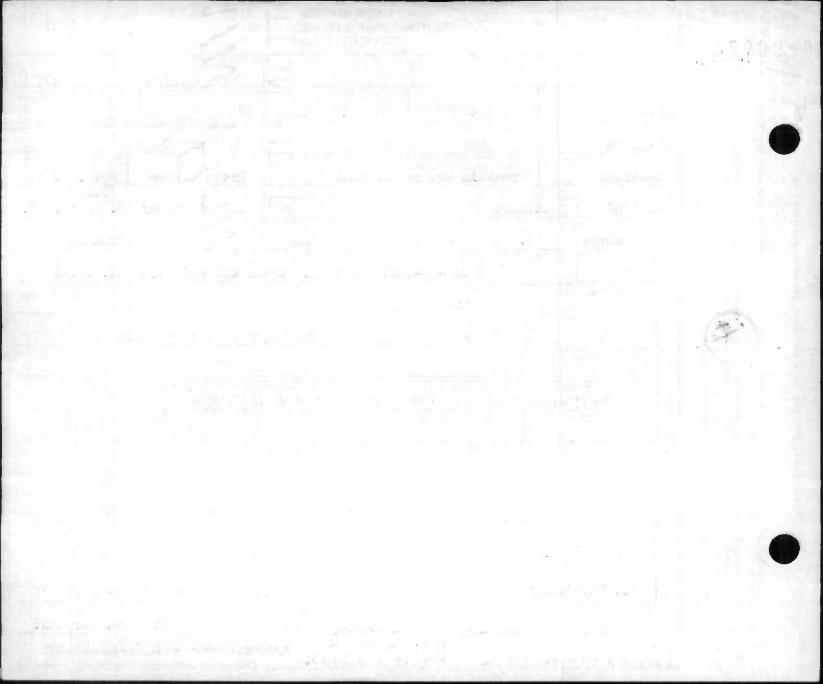
executed within 24 hours ofter

STATE OF MARYLAND

6	13	. )
6	U	6140

1.	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 6 REG. N	1 6	U	2 6
	CEASED NAME FIRST	MIDDLE		tAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
1,,,,,		W	T	Erro 17	June 12.	1986		10.17
3. SE	x GCO1	W RACE W		OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Ma	ale	White	MONT	12 1904	82	YRS	NIHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	DE NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	aryland	USA	WIDOW		Baltimore	County	J	MD
7 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME		120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR
Re	ossville	Franklin Squ	are Hos	pital	Rivet He		Beth	. Steel
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)				212	
		timore	IOWN	YES NO TO	130.STREET ADDRESS 622 Midd	lesex F		
_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
	George	W. Duva	11	Anna	WIDDIE	K	irchn	
	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDR			
	(YES, NO OR UNKNOWN) (IF YES, GIV	Z13-0	7-1527	Agnes M. Duva	all 622 Mid	dlesex	Rd. 2	1221
	LE CALISE DE DEATH LENTER OF			11.01.00	724 022 1120	410002		MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ED BY: TE CAUSE (a) CARDL	OPULM	ONADU AR	REST		BETWEEN	ONSET AND DEATH
NOI		SCLETUTIC (	TO DEATH BUT	VASCULAR	DISTASE			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?		_	NGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T I OR PART 2]	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
1	22a.1 certify that (1) (this hasping the deceased alive an	ital) attended the deceosed from A-4 19 it) view the bady after death.	01	nd that in (my) (aur) apinion	ta JKN6	12 19 ate and have a		tha (I) (we) last causes stated
	22b. SIGMATURE	many of	W)		MEDICAL STA	FF CIAN []	220 DATE	3-56
/	224 PHYSICIAN'S NAME (TYPE			27e ADDRESS 8552 Phila	delphia Roa	d Balti	more	MD 91997
4	T. Paglinau	all MD		OUGH TITTEM		u Daili	TIME I	VID 4140
	T. Paglinau  BURIAL, CREMATION, REMOVAL  (SPECIFY)  BURIAL			EMETERY OR CREMATORY Owridge Cem.	23d. LOCATION	Baltimo	COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)



ATTENDING

the hospitol

00-09305	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH
t be	1. DECEASED NAME FIRST (TYPE OR PRINT) MAB	EL F.	EDWARDS
ge 4 may ector. pog rs after de	3. SEX FEMALE	4 RACE B	5. DATE OF BIRTH  MONTH DAY YEAR  4 22 10
deoth. Page 4	76 BIRTHPLACE (STATE OR FOREIGN MARYT AND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED
The state of the s	TOWSON	17. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACILITY, GIVE STREET, GBMC - 6701 IN . CH	G HOME OR OTHER INSTITUTION ARLES ST.
NND 2120	SUAL RESIDENCE (IF NURSING MILE) 130. STATE MARYLAND	UNITY INSTITUTION GIVE RESIDENCE BEFORE  134, CITY OR TOW  BALTIMOR	ADMISSION) N 1134 INSIDE CITY LIMITS YES X NO
uted within ond 2 sh	JACOB FIRST	MIDDLE FRANKLI	15. MOTHER'S MAIDEN  THERES
SALTIMORE, MARYLAND 21201  Tote be executed within 24 hours or system ond completely find by opers. Pages ond 2 should be ond.	2 160 WAS DECEASED EVER IN U.S (KES NO OR UNKNOWN)   IF YES.	ARMED FORCES? 166. SOCIAL SECU 2170168	
STON ST., BALI eath certificate tending physicio re corbon popers on, or removol.	PART I. DEATH WAS CAU	IATE CAUSE (0) CARDIAC	ARREST
STC earl	Conditions if any which	DUE TO, OR AS A CONSEQUE RESP . FAT	LURE

Conditions, if any, which

gove rise to immediate

YLAND ND MENTAL F DEATH

YLAND ID MENTAL HYG F DEATH	IENE 8	REG. NO	).		6	Ü	2	1
S	20 DATE O		MONTH 6	10 10		AR 36	26. HOU	12P M
YEAR 10	6 AGE (IN	YEARS LAST BIRT	'HDAY) YRS	MON	INDER I	YE AR	IF UNDER	24 HRS MIN.
ER MARRIED DIVORCED	BALT	TMORE	COU	NTY				MD.
NSTITUTION		OCCUPATION POST OF THE POST OF			INDUS		BUSINE	SSOR
E CITY LIMITS?	13e STREET 1401	ADDRESS / N.LAK	ZIP CO EWOC	DE D A	VEI	NUE	212	13
ER'S MAIDEN NAM THERESA	WE	MIDDLE		G.	III	LAST		
MANT RICE WIL	SON 4	ADDRE 4556 T		TRA	ND	212	215	
					BETY	PPROXIM	ATE INTER	DEATH
-	-		- 9					
ING								
TED TO THE TERM	INAL DISEAS	SE OR CON	DITION	IVEN	IN PA	RT Iro		
RFORMED	20a AUT	OPSY?					S USED F DEAT	
A BALLILIDAY OF COLUMN	APP I							

underlying couse lost.	SMALL CELL CA	OF LUNG		
PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 10
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	YES NO X	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY ST

NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 6/10 above, (I) (we) (did) (did not) view the body after death

DEGREE mo

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22c DATE SIGNED

19 86

22d. PHYSICIAN'S NAME (TYPE OR PRINT) MICHAEL SIPPLE, M.D.

22e. ADDRESS 6701 N.CHARLES ST.-GBMC

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

86

23a. BURIAL, CREMATION, REMOVAL BURTAL

226. SIGNATURE

6-16-86

BALTIMORE

CITY OR TOWN BALTIMORE

6/10

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

COUNTY MARYLAND

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

CERTIFICATION

MEDICAL

(VRA 15, 4)

O FUNERAL DIRECTOR: hours be detached for us

it permit. Then please remove iene prior to burial, cremotiar

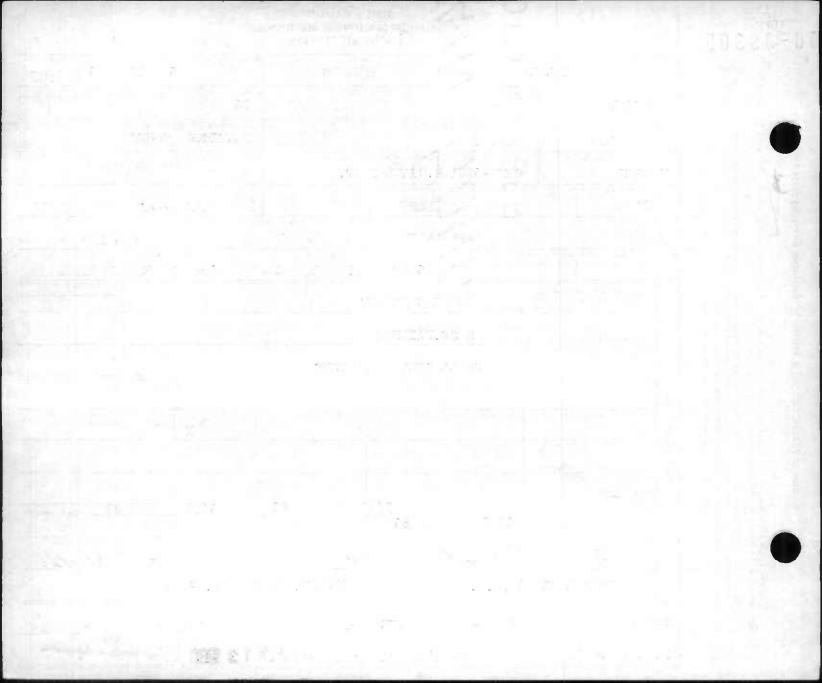
ather tro

markedar

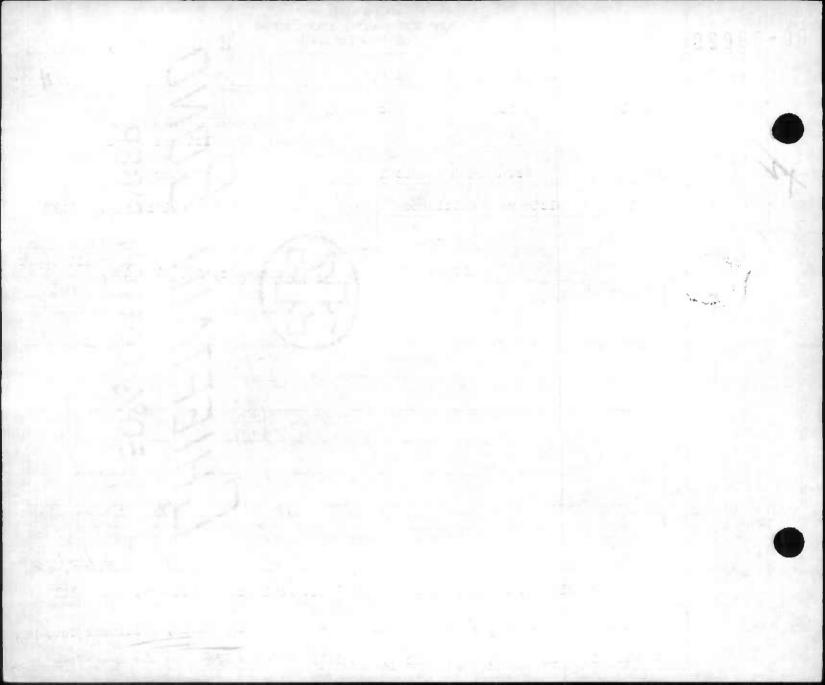
MPORTANT

WM.C.MARCH FUNERAL HOME INC. 1101 EAST NORTH AVENU

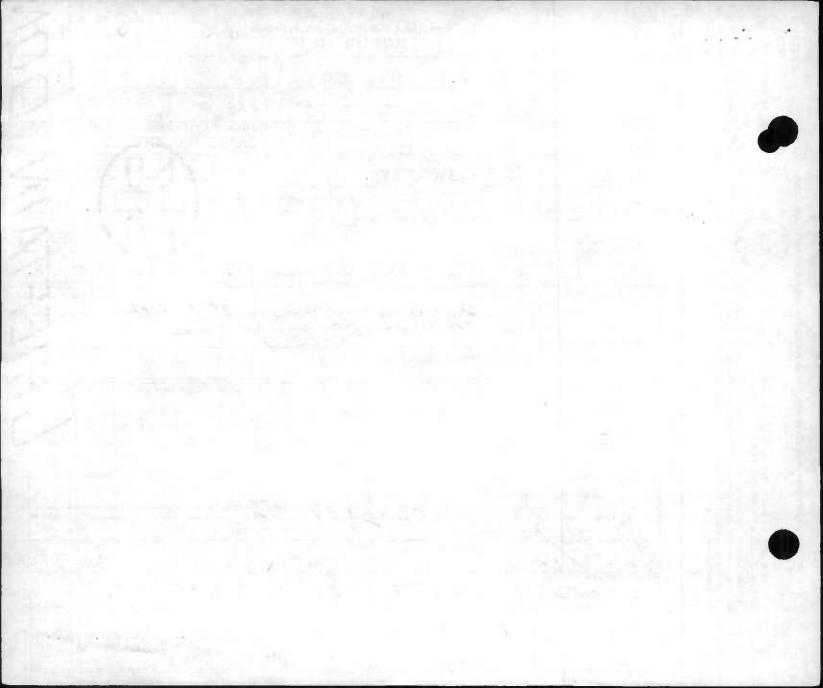
BY REGISTRAR 25h. REGISTRAR'S SIGNATURE



0-090	29	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	6)	5 <sub>NO.</sub>	6 0	2 8
4. 6.7			CEASED NAME FIRST OR PRINT)	MIDD			AST	20 DATE OF DEATH		YEAR 26 H	IOUR
may be page 3 ter death	200			RONICA R.	EISEN				9,1986		11 A M4
4 mo		3. SE		4 RACE		S. DATE C	DAY WEAR	6 AGE (IN YEARS LAS	BIRTHDAY) IF UND	DERTYEAR IF UN	NDER 24 HRS
oge rrecto			Female	White		0ct	ober 2,1900	85	YRS		
4 10 10 10 10 10 10 10 10 10 10 10 10 10	3	200	RTHPLACE (STATE OR FOREIGN COUNTRY) Laryland	76 CITIZEN OF WH	AT COUNTRY?		NEVER MARRIED		Y <u>OR</u> COUNTY OF D Limore Cou		
fune	6		ITY OR TOWN OF DEATH		SPITAL NURSIN	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUP		KIND OF BUS	MD.
A # 1	2 if 8		lowson	St. Jos	eph Hos	pital		(TYPE OF WORK FOR MC		DUSTRY	
n 24 hour	(multiple	13o.	,	INTY 13c	e residence before CITY OR TOW Baltimo	N	136 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRES	SS / ZIP CODE 2 Bristol :	Rd. 21	212
1/19	グラス	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDL		LAST	
1 1	YEX		Francis		Ralston		Katheren			Bailey	
	June /	160 \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATEST	SOCIAL SECU 217-24-		Fred H. Eiser		DRESS 200 Ab	beyhill um, Md.	2109
ore in sicular	f =		18 CAUSE OF DEATH (Enter of	only one couse per line	for ial, (b), and	d (cill				APPROXIMATE IN	NTERVAL AND DEATH
rtific g phy on po	even		PART I. DEATH WAS CAUS	ATE CAUSE (a)	andra	e a	vues f	1 -10	74 1 1 5	5 nu	
the death ce the attending e remaye carb	other traumatic		Conditions, if ony, which gove rise to immediate couse tot, stating the underlying couse lost.	) b) <u>(</u>	S A CONSEQUE	4	A D	- 5	4	10 yr	9'
6 C F	njury. ar	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CO	ONDITION GIVEN IN	PART Iro	
an. hos	9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WER IN CERTIFYING YES	CAUSES OF DE	
4 4 4 5 7	them 18 shi	-	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M.	MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PART O	R PART 2)	
IG PHYSIC offending for this cer is the burio	rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE F	ARM ETC )	21f LOCATION STREET	CITY O	R TOWN CC	OUNTY	STATE
Spital as CTOR: Af	21 is ma		220. I certify that (1) (this has sow the deceased alive a above, (1) (we) (did n	n 4-30	0 19	0210	d that in (my) (our) opinion o	to to	, , ,	from the couses	It (we) lost s stated
by the hos ERAL DIREC	NI: # hem		22b. SIGNATURA CU	- E. 201	uc	(		MEDICAL S DIRECTOR PHY	TAFF	6 10	186
TO HOSPITAL Cretained by the TO FUNERAL Dishould be detected to the terminal of the terminal forms of the term	MPORTA		PHYSICIAN'S NAME (TYPE) Frankli	n E. Lesl	ie, M.D.		3501 St. Pau	ıl St. Ba	ltimore, N	1d. 21	218
5 5 5 4s ;	5 ≲′	23a I	BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d LOCATION	Y	NIY	STATE
BP	_		Burial	June 11,	,1986		d Ridge	Pikesvi	lle, Balt	imore c	
DHMH - 16 60	M 7/84		JNERAL DIRECTOR		ADDRESS		TOTK VA . I IIIY	REC'D. BY REGISTR	AR 256. REGISTRAR'S	SIGNATURE	· · · · · · · · · · · · · · · · · · ·
(VRA 15,	4)	Mi	tchell-Wiedefe	ld Home,	Inc. Ba	lto.,	Md.21212 JUN	1,1 U 1986	Suka Davido	ar Hayda	No.



	1.	FOR			DEPART		E OF MARYLAND EALTH AND MENTA	AL HYGIF	NE Q A	- 1	6 0	29
00-09116	1.	STATE REGISTRAR					ICATE OF DEATH		REG. NO	). D.	9	4
		OR OR IN THE	FIRST		MIDDLE	l	AST		DATE OF DEATH		DAY YEAR	26 HOUR A
ay be			OUIS		J.		ERCOLE				10 86	4:00 m
4 moy	3. SE			RACE	7.7. A B.T.	S. DATE C	F BIRTH		AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 24 HRS
oge oge ours of		MALE RTHPLACE (STATE OR FOR		CAUCAS			12 DAY 19 YE		66	YRS	(OF DS ATU	
or o	MA	RYLAND		USA	WHAT COUNTRY	MARRIE		ED 🗍	BALT IMORE	E CO	UNTY	MD.
2/4 de 00		OSEDALE	1		KENWOO		OR OTHER INSTITUTIO	ON	ZO USUAL OCCUPATI			FACTURE
24 hours of the control of the contr		AL RESIDENCE (IF NURSING ARYLAND B)	A LITT		13c ROSED		13d INSIDE CITY LIM	AUS?	3. STREET APPRESS	NWOO	D AVE.	21237
NARYLA VIA	14. F/	THER'S NAME FIRST	MK	DDLE	ERCOL:	F	15 MOTHER'S MAID	DEN NAME				ERENZA
MORE, I		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARME	T PR DATES)	16b. SOCIAL SEC 212 07	URITY NO.	17 INFORMANT EDELWE	EISS	ERCOLE 6		KENWOO	D AVE.
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici. Then please remove carbon paper is burial, cremation, or removal.	NOI	Canditions, if ony, w gave rise to immed cause (a), stating	which diote the last.	DUE TO, OI	r as a cons <b>eo</b> u		with in lense	itus HE TERMIN	erania IAI DISEASE OR CON	Masse L DITION GIV	L VEN IN PART 110	5
the faw in the family ene prior on the faw on the family in the family	CERTIFICATION	190 DATE OF OPERATION	N	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES S []	
DIVISION OF VITAL RECORDS,  ING PHYSICIAN: The law requir offer this certificate been sig of the buriof-transit permit. Then th and Mental Hygiene prior to be orked or them 18 staws any injury		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	AY YEAR	21c HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 F	PART I OR PART 2)	
IVISION IG PHYS oftending ter this of the burn ond Me	MEDICAL	21d INJURY OCCURRED		21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC 1	211 LOCATION STREET	107	CITY OR TO	WN	COUNTY	STATE
t OR ATTENDIN the haspital or 1 DIRECTOR: Af toched for use a e Dept. of Health		22a.I certify that (I) (II play the deceased provided to be used 22h blick ATURE	aligatin 2	l) attended th	19_		d that in (my) (aur) a DEGREE ATTEND		oth occurred on the do	ate and hou	22c DATE	SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deta with the State IMPORTANT: I		120 PHYSICIAN'S NAM LEONAR	D	R.	PROC	TOR	PHYSIC 22e ADDRESS	N,	WOLFE		57.	e 10/198
		BURIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMA	ATORY	23d. LOCATION CITY OF TOWN	2000	COUNTY	STATE
BP		URIAL DIRECTOR		06/	2/86 S	r sta	NISLAUS	75a DATE	BATTO .	Banco	AITO.	MAN
DHMH - 16 60M 7/84 (VRA 15, 4)		HUC	78-	1	111 ADDRES	0.5.0	A.o.	BIIN	11,1986	Charles	Mrs 400m-3	8



and Memai Hygiene prior to

to FUNERAL DISECTOR. I should be deteched for list with the State Dept. of Neo

DHMH - 16 60M 7/B (VRA 15, 4)

TO HOSPITAL

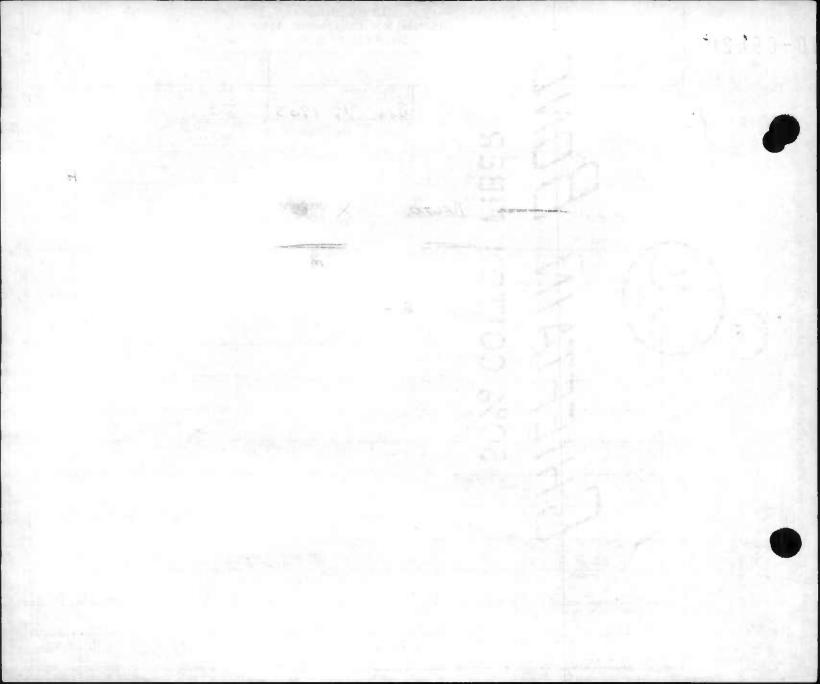
BP.

0	***	0	9	1;	2	0
				-		

## STATE OF MARYLAND

8	6 REG. NO.	6	0	3	
051		 			_

	1 -	FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	IENE 8 6		6 0	3 0
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		YEAR	26 HOUR
	(TYPE	ORPRINT) FREDA			Е	UCHTMAN	JUNE 3	. 1986		6:10 Au
9	3. SE)		RACE		5. DATE (		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
/		FEMALE	CAT	JCASIAN	JAN	1 10 0	83	YRS	NIHS DATS	HOURS MIN
2			CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		FDEATH	
		ILLINOIS	I	J.S.A.	WIDOW	D NEVER MARRIED DIVORCED	BALTIM	ORE COL	JNTY	MD.
50			INAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
0	1	TOWSON	MULTI	MEDICAL	CENT	'ER	SOCIAL WOR		HEAL'	TH
3	130. S	AL RESIDENCE (IF NURSING HOME OR OF CATALE)  MARYLAND  BALE	THER INSTITUTION	131. CITY OR TOW	E ADMISSION) /N  O, D.J	YES		ZIP CODE		419 1215 —
11	14 FA		IDDLE	_BERKOW	VTTZ.	15 MOTHER'S MAIDEN NAME FIRST Esth	MIDDLE	Go	ldberg	т
M	160 W	NATHAN VAS DECEASED EVER IN U.S. ARA	ED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		200025	
	10		WAR OR DATES)	218-30-6			ving Cohn			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per BY: CAUSE (a)		75	9 W.Mulber	ry St. 2120		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	-6			r as a consequ	ENCE OF					
	H	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	r as a consequ						
- 1		PART 2 OTHER SIGNIFICANT CO	(c)_	ONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OF CON	DITION GIVEN	I IN PART 1:	
	Z	TART 2 OTTER STOTE TO CART CO	51451116143 <u>CC</u>	DIVINIDOTING TO	DEATH BOT	NOT KEERIED TO THE TERM	WAL DISEASE ON COIN	DITIOIA OIAFI	WALL THE	
Z	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH D	AY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	ORPART 2)	- 91-
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY BEET FACTORY, OFFICE	FARM, ETC )	21f LOCATION STREET	CITY OF TO	WN /	COUNTY	STATE
		220.1 certify that (1) (this haspite saw the deceased alive on above ((1) (we) (did) (did no)		4 1 -	86	nd that in (my) (aur) apinian a	, 10	are and have a	nd from the	that (ID)(we) last causes stated
		77b. SIGNATURE	2	2	160		MEDICAL STA		6/3	
		Carl S. Fo	ed war	(U)	0	660 Key.	with Or.	Tou	5m /	nd-
		BURIAL, CREMATION, REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMATORY	234 LOCATION		COUNTY	STATE
	(	BURIAL	6/6/8	6 bhi	EB SHA	ALOM MEMORIAL				
	24 FU		LEVINSO	N & BROS		0.0	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	URE
	6	010 REISTERSTOW				7 40 0	N 1 3 1988	Julia Dre	My	6



=
120
02
AN
KYL
MARYLAND 2
m,
Ö
¥.
BALTIMORE,
- 10
Z
570
201 W. PRESTON ST.
3
0
5,2
RECORDS,
EC C
LR
I
JON OF VITAL RECORDS,
Z
VISION
2
-

000	1	TITE 7/7/86 ri	a per phone P	EPARTMENT OF	HEALTH AND MENTAL HYG	SIENE O L	-	6 0 3	1
UZ3	-	REGISTRAR	a per priorie e	CERTI	TICALE OF DEATH	B O REG. NO	D	0 0 0	
		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	1-
decit		Richa		Faunt Le			5 18	86	М
all the	3 SE)		4 RACE	5. DATE	OF BIRTH  3 12° 1922°	6 AGE (IN YEARS LAST BIR	MON	INDER I YEAR IF UNDER 24 HE	_
1 1 This	To BI	Male RTHPLACE (STATE OF FOREIGN	White		12 1722	9 BALTIMORE CITY O	YRS.	DEATH	_
60	(	New Jersey	U.S.A.	MARRI	ED NEVER MARRIED	Baltimore		DEATH	MD.
37		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Agent	ON	126. KIND OF BUSINESS OF INDUSTRY Insurance	OR
0	USUA	AL RESIDENCE (IF NURSING HOME		ICE BEFORE ADMISSION				2 120	_
5		arvland Ba1			YES NO NO	13e STREET ADDRESS / 2124 Pot Spi		2/09:	3
3-4		THER'S NAME			15 MOTHER'S MAIDEN NA	WE			
50		William	R. FauntL	eR●y	Mary	Lo	Mue	eller	
1		VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRE	SS		
1	ì	res, noor unknown) (IF Yes, W	.W.II 215	<b>-16-</b> 5251	Miss Lorain	e Faunt LeRo	y Same	e as 13 e	
er Ira		Canditians, if any, which gave rise to immediate	(b)		The work				
n and minry, or other	FICATION	cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR AS A CO	NG TO DEATH BU	T NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W	IN PART 1:0  /ERE FINDINGS USED IG CAUSES OF DEATH?	
7	ERTIFICATION	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	T CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONDITION FOR	NG TO DEATH BU	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	/ERE FINDINGS USED IG CAUSES OF DEATH?	0.220
77	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION  196. CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	NG TO DEATH BU	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	/ERE FINDINGS USED IG CAUSES OF DEATH?	
29	MEDICAL CERTIFICATION	UNDERLYING COUSE TOST  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF	T CONDITIONS CONTRIBUTION  196. CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	NG TO DEATH BU  WHICH OPERATION  ITH DAY YEAR  19	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [	/ERE FINDINGS USED IG CAUSES OF DEATH?	
79		UNDERLYING COUSE TOST  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( [IF EITHER, NOTEY MEDICAL EXAMIT  21d. INJURY OCCURRED  AT WORK NOTE HILE AT WORK AT WORK  22a. I certify that (1) (this has	T CONDITIONS CONTRIBUTION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY spiriot) attended the deceased	WHICH OPERATION  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI 211 LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	206. IF YES, WIN CERTIFYIN YES THE PART IN THEM IS PART IN THE PAR	VERE FINDINGS USED  NG CAUSES OF DEATH?  NO []  1 OR PART 2]  COUNTY STATE	last
79		UNDERLYING COUSE TOST  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF ETHER NOTIFY MEDICAL EXAMINATION OF ALL WORK  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINATION OF ALL WORK  220.1 certify that (I) (this has saw the deceased live obove, (I) (we) (did) (did)	T CONDITIONS CONTRIBUTION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY	WHICH OPERATION  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)	211 LOCATION SIREET  210 that in (my) (our) apinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	206. IF YES, WIN CERTIFYIN YES THE PART IN THEM IS PART IN THE PAR	/ERE FINDINGS USED  IG CAUSES OF DEATH?  NO []  COUNTY STATE  that (I) (we) I	last
79		UNDERLYING COUSE TOST  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( [IF EITHER, NOTEY MEDICAL EXAMIT  21d. INJURY OCCURRED  AT WORK NOTE HILE AT WORK AT WORK  22a. I certify that (1) (this has	T CONDITIONS CONTRIBUTION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY spiriot) attended the deceased	WHICH OPERATION  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI 211 LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	206. IF YES, WIN CERTIFYIN YES THE PART IN THE REPART IN THE PART	VERE FINDINGS USED  NG CAUSES OF DEATH?  NO []  1 OR PART 2]  COUNTY STATE	last
7		UNDERLYING COUSE TOST  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF ETHER NOTIFY MEDICAL EXAMINATION OF ALL WORK  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINATION OF ALL WORK  220.1 certify that (I) (this has saw the deceased live obove, (I) (we) (did) (did)	T CONDITIONS CONTRIBUTION  196. CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY (AT HOME, STREET, FACTORY not) view the body of er death	WHICH OPERATION  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI  211 LOCATION STREET  , 19 and that in (my) (our) apinian a DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO  death accurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES THE PART IN THE MIRE PART IN THE ARCHITECTURE OF THE PART IN THE PART I	/ERE FINDINGS USED  IG CAUSES OF DEATH?  NO []  COUNTY STATE  that (I) (we) I	last
7	MEDICAL	UNDERLYING COUSE TOST  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER NOTIFY MEDICAL EXAMPLE AT WORK AT WORK  22a. I certify that (I) (this had some the deceased olive obove, (I)) (we) (did) (did 22b. SIGNIATIVE)  22d PHYSICIAN'S NAME (TYP)	T CONDITIONS CONTRIBUTION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY)  (AT HOME, STREET, FACTORY)  spiral attended the deceased on not view the bady offer death	WHICH OPERATION  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)  d from	211 LOCATION 211 LOCATION 211 LOCATION 218 ATTENDING PHYSICIAN [ 220 ADDRESS  8109 Harford	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO  death occurred an the do  MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES THE PART IN THE MIRE PART IN THE ARCHITECTURE OF THE PART IN THE PART I	/ERE FINDINGS USED  IG CAUSES OF DEATH?  NO []  COUNTY STATE  that (I) (we) I	last
7 	WEDICAL WEDICAL	UNDERLYING COUSE TOST  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT LIFE THE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK  27a. I certify that (1) (this had saw the deceased alive above, (1) (we) (did) (did)  27b. STATUTE  27d PERSTCIAN'S NAME (TYP)	T CONDITIONS CONTRIBUTION  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY  Spital) attended the deceased on not; view the bady after death	WHICH OPERATION  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)  d from  19   173c. NAME OF	211 LOCATION SIREET  211 LOCATION SIREET  19 Ind that in (my) (our) apinion DEGREE  ATTENDING PHYSICIAN 22e ADDRESS  8109 Harfore CEMETERY OR CREMATORY TY Valley	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO  death accurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	TOD. IF YES, WIN CERTIFYIN YES [ IY IN ITEM IB PART I  TOTE and have an  IF IAN []	COUNTY STATE  COUNTY STATE  And from the couses stoted  22c DATE SIGNED  COUNTY MARKET STATE  AND COUNTY STATE  AND COUNTY STATE  COUNTY STATE	lost

o 21 o a a la pote de de la company de la co

(1)

uct To son andrel one, Inc. 1)) or c.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	6	200	
0	REG. NO.	9	

6	0	3	6.
			,00
0.44	WF - D	01 1100	

1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	BIENE 8 6	988	6 0	3	2	
	CEASED NAME FIRST	Louise	riddle Fee	l	AST	June 17		Y YEAR	26 HOU	R	
3. SE	x	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS	
Fen	ale	Caucasiar	1	June 1	10 1914 YEAR	72	YRS	NING DATS	HOURS	MIN.	
	RTHPLACE (STATE OR FOREIGN COUNTRY) Yland	76 CITIZEN OF United St	what COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	RCED   Baltimore County			Y OF DEATH MD.		
N	timore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A COP PLACE A	ADDRESS)	or other institution	12th USUAL OCCUPATION LITYPE OF WORK FOR MOST O Clerk -Norfol	WORKING LIFE)	126. KIND O INDUSTRY & Weste			
13a.		ME OR OTHER INSTITUTION. OUNTY IMPRE	GIVE RESIDENCE BEFORE 13¢ CITY OR TOW TOWSON		136 INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRESS / 612 Worcester	ZIP CODE Road		21204		
6.0	ATHER'S NAME FIRST Herbert Fee	MIDDLE	LAST		Josephine W. F	buder		LAS	ī		
	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? ES, GIVE WAR OR DATES)	715-16-088		17 MirpaHerbert T. 612 Worcester		ss son	Me	21204 arylan		
NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	the lee (b) DUE TO, O	R AS A CONSEQUE  R AS A CONSEQUE  DITTRIBUTING TO C	e De ENCE OF	MOT RELATED TO THE TERM	ainal disease or coni	DITION GIVER	N IN PART 10			
CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO 2		WERE FINDING CAUSES		TH?	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ( { IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	IY IN ITEM TO PAR	T I OR PART 2)			
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	5	STATE	
	270. I certify that (I) (this sow the deceosed olivobove, (I) two Didd) (d 270b. SIGNATURE 270d. PHYSICIAN'S NAME (	A Juli	19	, 0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS  1425 LIBOR	deoth occurred on the do	ete and hour of	22c. DATE	SIGNED	oted	
220	BURIAL CREMATION PENC	OVAL TOO DATE	1 22, N	JAME OF C	EMETERY OF CREMATORY	1234 LOCATION					

Druid Ridge Cemetery

should be detoched for use as the burial-transit permit. Then please me with the State Dept. of Health and Mental Hygiene prior to burial, are TO FUNERAL DIRECTOR: After this certificate has been signed by

retained by the hospital or ottending physician.

IMPORTANT: If Hem 21 is morked or Hem 18 shows

Burial

injury, or other tr

DHMH - 16 60M 7/84 (VRA 15, 4)

5-21-86 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Pikesville

Juna diendoon- Norman

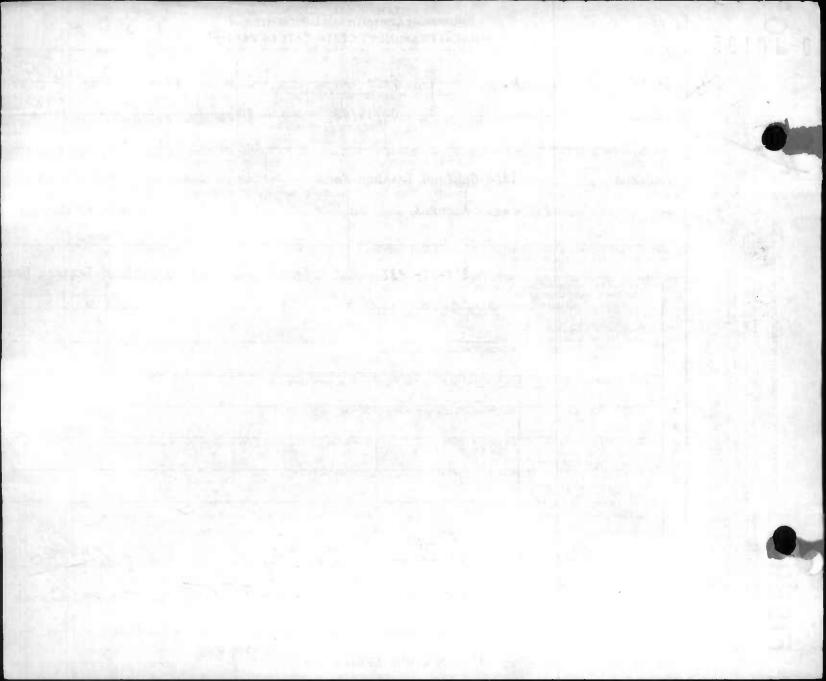
Baltimore Maryland

1 - 1 - 3

			hash be		
ii. mradali 3	SUTTON POLL	0.19	eris manele		Telepine.
	bask namenal Std ()		makii i	arcasiscas	HVE /-1_
WSF). http://wiki	Thirt Prider.	out . de	-01-25V	9	s preshal it.

The second secon

			FOR			DEPARTME		F MARYLAND TH AND MENTA	L HYGIENE	4	6	0 3	3
1.0	105		STATE REGISTRAR		ME	EDICAL EX	AMINER'S	CERTIFICATE	OF DEATH	REG. NO	).		1.1
-10	133		EASED NAME	FIRST		WIDDIE		LAST	0	E KNOWN E	MONTH	DAY YEAR 2) 1980	26. HOUR
	*	1 514	ella 1	RACE	Is. DATE OF BIRTH	1 16.	AGE (IF YEAR	UNDER I YR. LIF UN	DER 24 HRS. 20. D	TH MATED	MONTH	DAY YEAR	2d. HOUR
	5 H 5 H 6	-		NAME OF THE OWNER OWNER OF THE OWNER OWNE	MONTH DAY			ONTHS DAYS HOURS	MIN PRONC	DUNCED	6	1 19 82	10
	AND	- 6	emale	71-01	white	VHAT COUNTR	V2	7/06	80 9 BAL	TIMORE CITY O		-	1/7 M
	HASE DE	10.00	BIGH COUNTRY		70. CHIZEIVOI	TIAI COUNTR	MA.	RRIED NEVER MA	ARRIED	6-	/-		
		N	aruland	PER VICE	USA			OWED DIVI	ORCED Baltimo	COPATION (TYPE	050000	26 KIND OF B	MD.
TA	SERE!	18. 61	A CHAILDMAN C	FDEATH		FACILITY, GIVE STREET		THER INSTITUTION	FOR MOST OF		OF WORK	OR INDUS	TRY
10	2007	A	rbutus		1200 DR OTHER INSTITUTION, O	Oakland	Terrac	2 Road	linewor	ther	me	at proc	ces
	T SEE TO	13c S		13b. COUN	drother institution, ( TY	13c. CITY OF	OKE ADMISSION)	134. INSIDE CITY LIMIT	S?   13e. STREET AD	DRESS		21	227
120	る意画を用り		d	Ral	timore	Arbutu	4	AO YES NO	1200 00	ikland T	errac		
1	120	14. F/	THER'S NAME		MIDDLE	LAS		15. MOTHER'S M.	AIDEN NAME	MIDDLE		LAST	
1000	が開発する	Ióa. V	AS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIA	L SECURITY NO.	17. INFORMANT		ADDRESS			21227
1	世紀	(Y	ES, NO, OR UNKNOV	(IF YES, GIVE	WAR OR DATES)	110 00	0027	D-O-L- F-J		1000 0	ah Pain	d Terri	
A P	SP S	-	NO LA CALISE OF	DEATH (Enter on	ly one cause per lir		2-0937	Ralph Fed	e	1200 0	akean	APPROXIMA	TE INTERVAL
12	10 mm			THE WAS CALLES!	D BV			1 11 1				BETWEEN ONS	SET AND DEATH
N N	22883			IMMEDIA	TE CAUSE (a)	OR AS A CONSE	COLLENCE OF	LECGNE	reg			100	
53.0	ZZ ZZZ		Condition	, if ony, which	DOE 10, 0	M AS A CONSE	QUEINCE OF					1	
8.	E SERVE		gave rise	to immediate									
*	E E E E E E E E E E E E E E E E E E E		lying caus	stating the <u>under</u> - e last.	DUE TO, O	R AS A CONSE	QUENCE OF						
301	529590				(c)								
RECORDS,	MEDICA EDICA EDICA ETH A	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL OI	SEASE OR CONDITION GIVEN	IN PART 1 (g).				
3	94199	FICATION	190. DATE OF	OPERATION	196. CONE	DITION FOR WE	HICH OPERATION	WAS PERFORMED?				2D. AUTOPS	Y?
VITAL		1 ×	City of the same									YES 🗆	NO 🗆
06.7	THE WORLD THE WORLD THE WORLD THE WORLD THE WINNERS TO BURNERS TO	CERT	210 EXTERNA	_	21b. TIME (			. HOW INJURY OCCU	JRRED (ENTER NATURE C	OF INJURY IN ITEM 18	PART 1 OR PART	[2]	
2	TO THE STATE OF TH	1	UNDERLYING	OR G CAUSE OF		.M. MONTH D .M.	AY YEAR						
Sico	89338	MEDICAL	214 INTILIPY O	CCUPPED	21e PLACE	E OF INJURY	(AT HOME, 21f	LOCATION					
20	DESERTED S	1 2	WHILE AT WORK	NOT WHILE	STREET, FA	ACTORY, FARM, ETC.		STREET	CITY O	RIOWN	COUN	ATY	STATE
	PAC PAC 120								DX.	(T)			
	D. P. C.		220. I certif	That Vtoak charg	ge of the remains d	lescribed above			ection . Inqu		id in my opir	nion	
-	##WD-3		death resulte	Notu	rol couses 4,	Accident	J, Suicide	L, Homicide L	Undetermine	d monner,			
	AN WELLERA		ACTUAL	Mohar	0.0	1	1	TOPLE (SPECIF	V.		DATE	14,1	102
	MEDICAL ECUT THE COT 1 SHO FUNERAL POPERAL MODELLA	1	SIGNATURE_	o france	win	Keo		m.D. left	MEDICAL E	XAMINER	SIGNED	wall	00
8	善日 型 古 B	1	EXAMINER'S	NAME F	Phi	11: 00	0 1	- / 1	John &	0/5	No	-16	2 - 50
Part	■8885事長		TYPE OR PRIN	IT)	1. W.	11) 1419	170 W.	ADDRESS_62	BOUR	100	1807-1	611	21278
	222223	23o.B	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NA	ME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	N	COUNT	TY	STATE
	BP		berew i = 0		4	24/86	Landan	Park Ceme	tenu B	altimore	City	GNATURE	
	DH440H - 17	24. F	NAME	FOR	ADDRE		Loudon		HALLOW AND AND	OG ALL	June 10 dily	DINATUKE	da-
	15W-7/76		AMPRACI	- FUNEPA	L HOME 1	1328 SIII	PHUR SP	RING ROAD	UNZ3 B	80			
		1000	MINION	- I-DIAPIPA	110111								



3 0		REGISTRAR				4514111	FICATE OF DEATH	REG.	NO		1
		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	MARI	GARET	T M	n F	ERGUSON		10	2486	10:15 AM
	3. SE		17711	4 RACE	- //		OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	
300	1-	EMALE	1	11214	178	MONT		1	79	MONTHS DAYS	HOURS MIN.
1		THPLACE (STATE OR	FOREIGN :		WHAT COUNTR	V2 8		9 BALTIMORE CITY	OR COUN	NTY OF DEATE	Ito. Cou
3/	7	OUNTRY)		115	A	WIDOW	ED NEVER MARRIED		m <sup>19</sup>	SON	MD
450	10 CI	Y OR TOWN OF DE	ATH			SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	MOITA	126 KIND	OF BUSINESS OR
\$ C	7	owson		ST	TUSEPH		OSPITAL	Superv			P Teleph
35	13a S	TATE  Maryland	113h COUN	other institution ITY <b>imore</b>	GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	S / ZIP CC	ODE	
200	14 FA	THER'S NAME				72220	15. MOTHER'S MAIDEN NA		CRE A	venue 21	.073
13		John Tohn		Ferguso	LAST		Alice	MIDDLE		Colli	n e
0	16a V	AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS	00111	0
medico	()	ES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	212-05-		Mrs. Ella F.	Green 15	11 Fr.	ancke Av	enue 210
the		18 CAUSE OF DEAT	H (Enter onl	lu one coure ner	111		1 1				XIMATE INTERVAL
, in		PART I. DEATH W	VAS CALISE	ny one cause per	174184	oper 54/	Stofic 175.	34/ ///32	218	BETWEEN	ONSET AND DEATH
, e				E CAUSE (a)					7		
matic ev			IMMEDIATI	E CAUSE (a)	R AS A CONSEC	DUENCE OF			Ţ		
froumatic evi		Conditions, if any	IMMEDIATI	E CAUSE (a)	R AS A CONSEC	DUENCE OF	THE P		Ž		
ther troumatic ev		gove rise to ime	MMEDIATI , which mediote ng the	DUE TO, O	R AS A CONSEC		TI/		1		
or ather troumatic ev		gove rise to im- couse (a), statin underlying cause	IMMEDIATI , which mediate ng the e last	DUE TO, O  (c)	R AS A CONSEG	DUENCE OF	4 1 , 1	R			
ury, or other troumatic ev	NO	gove rise to improve (a), stating underlying cause	IMMEDIATI , which mediate ng the e last	DUE TO, O  DUE TO, O  CONDITIONS CO		DUENCE OF	NO RELATED TO THE TERM	ainal disease or co	) NOITION	GIVEN IN PART 1	10
on ather troumatic ev	CATION	gove rise to improve (a), stating underlying cause	, which mediate the last	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEG	OUENCE OF	NOTRELATED TO THE TERM	MINAL DISEASE OR CO	206. IF	YES, WERE FIND	INGS USED
or graer troumotic ev	TIFICATION	gove rise to improve to improve to improve to improve to improve the course thad the course the course the course the course the course the cou	, which mediate the last	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEG	OUENCE OF			70s. IF IN CEI		INGS USED
	CERTIFICATION	gove rise to imicacuse (a), storic underlying cause PART 2 OTHER SIGN THE DATE OF OPERA	, which mediate mediate mediate mediate mediate mediate.	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS  THE COND  THE TIME C	R AS A CONSECUTIVE TO THE STATE OF THE STATE	OUENCE OF	IZIE HOW INJURY OCCUR	28s AUTOPSYT	201. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
my, or priver froumblic ev	12-68-00	gove rise to improve couse (a), storing underlying cause  PART 2 OTHER SIGN  THE DATE OF OPERA  THE ACCREMINATION OF CONTRIBUTION OF CONTRIBUT	, which mediate may the e last	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CO  THE COND  THE COND	R AS A CONSECTION FOR WHICH	DUENCE OF  O DEATH OF	IZIE HOW INJURY OCCUR	28s AUTOPSYT	201. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
SON	12-68-00	gove rise to imicacuse (a), storic underlying cause PART 2 OTHER SIGN THE DATE OF OPERA	, which mediate ng the e last	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS  THE COND  THE PLACE	ONTRIBUTING TO	DUENCE OF  O DEATH OF	IN WAS PERFORMED  ZIE HOW INJURY OCCUR	YES NO SE	206. IF IN CEI	YES, WERE FIND HTIFYING CAUSE YES TOPPARTED	NGS USED S OF DEATH? NO []
ned or them it to be sony in ury, or other troumatic ew	MEDICAL CERTIFICATION	gove rise to improve the couse in the coupe	, which mediate ng the e last NIFICANT C	DUE TO, O  DUE TO, O  ONDITIONS CO  THE COND  THE TIME CO  THE TIME CO	ONTRIBUTING TO	DUENCE OF  O DEATH OF	IN WAS PERFORMED	28s AUTOPSYT	206. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
maned of Jem 14 Vicesony mury, or other troumatic ev	12-68-00	gove rise to improve the couse in the coupe	, which mediate mediate mediate mediate mediate. MIFICANT COMMINISTRATION	DUE TO, O  DUE TO, O  LO  CONDITIONS  THE TIME C  HOUR A  HOUR A  HE CAUSE (a)	ONTRIBUTING TO	DUENCE OF  O DEATH SE  CH OPERATE  DAY YEAR  19	IN WAS PERFORMED  ZIE HOW INJURY OCCUR	YES NO SE	206. IF IN CEI	YES, WERE FIND HTIFYING CAUSE YES TOPPARTED	NGS USED S OF DEATH? NO []
r i simured of lient at trock only invry, or other froumatic ev	12-68-00	gove rise to improve the couse in storic underlying cause PART 2 OTHER SIGN PART 2 OTHER 2 OTHER SIGN PART 2 OTHER 2 O	MMEDIATI  , which mediate and the elast the control of the control	DUE TO, O  DUE TO, O  ONDITIONS CO  THE COND  THE COND  THE PLACE	R AS A CONSECTION OF INJURY M. MONTH M. MORTH M.	DUENCE OF  O DEATH OF	IN WAS PERFORMED  ZIE HOW INJURY OCCUR	ZDH. ALITOPSY? YES NO SE RED INNIH SALVANGO A CITY OF	200 IF IN CER	YES, WERE FIND HIPYING CAUSE YES  COUNTY 19	NGS USED S OF DEATH? NO
nm 71 s manied on term if it does only injury, or other troumatic ev	12-68-00	gove rise to improve the couse of the couse	MMEDIATI  , which mediate and the elast the control of the control	DUE TO, O  DUE TO, O  ONDITIONS CO  THE COND  THE COND  THE PLACE	R AS A CONSECTION OF INJURY M. MONTH M. MORTH M.	DUENCE OF  O DEATH OF	THE HOW INJURY OCCUR	ZDH. ALITOPSY? YES NO SE RED INNIH SALVANGO A CITY OF	200 IF IN CER	YES, WERE FIND HIPYING CAUSE YES  COUNTY 19	NGS USED S OF DEATH? NO
If them 21 is manned on them of those convinting, or other troumotic evi	12-68-00	gove rise to improve the course of the cours	MMEDIATI  , which mediate and the elast the control of the control	DUE TO, O  DUE TO, O  ONDITIONS CO  THE COND  THE COND  THE PLACE	R AS A CONSECTION OF INJURY M. MONTH M. MORTH M.	DUENCE OF  O DEATH OF	THE HOW INJURY OCCUR	ZQu. ALITOPSY? YES NO SE RED TINITE SAVING OF A CITYON death accorred on the	JOB. IF IN CER	YES, WERE FIND HIPYING CAUSE YES  COUNTY 19	NGS USED S OF DEATH? NO
NAT. If then 21 is manued on them All block only injury, or other froum	12-68-00	gove rise to improve the couse of the couse	MMEDIATI  , which mediate and the elast the control of the control	DUE TO, O  DUE TO, O  ONDITIONS CO  THE COND  THE COND  THE PLACE	R AS A CONSECTION OF INJURY M. MONTH M. MORTH M.	DUENCE OF  O DEATH OF	211 LOCATION 218 LOCATION 219 19 19 19 19 19 19 19 19 19 19 19 19 1	ZIN. AUTOPSY? YES NO S RED INNER SUCING OF A CITYOR death occurred on the	JOB. IF IN CER	YES, WERE FIND HIPYING CAUSE YES  COUNTY 19	NGS USED S OF DEATH? NO
POSTANT, If them 21 is mainled to them 31 them conymitury, or other troumatic ever	12-68-00	gove rise to improve the course of the cours	MMEDIATI  , which mediate and the elast the control of the control	DUE TO, O  DUE TO, O  ONDITIONS CO  THE COND  THE COND  THE PLACE	R AS A CONSECTION OF INJURY M. MONTH M. MORTH M.	DUENCE OF  O DEATH OF	THE HOW INJURY OCCUR	ZQu. ALITOPSY? YES NO SE RED TINITE SAVING OF A CITYON death accorred on the	JOB. IF IN CER	YES, WERE FIND HIPYING CAUSE YES  COUNTY 19	NGS USED S OF DEATH? NO
ANT, If him 21 is marked on them All Occiony injury, or other troum	WEDICAL MEDICAL	gove rise to improve the couse of the couse	MMEDIATI  , which mediate medi	DUE TO, O  DUE TO, O  ONDITIONS CO  THE COND  THE COND  THE PLACE	ONTRIBUTING TO	DUENCE OF  O DEATH OF	211 LOCATION 218 LOCATION 219 19 19 19 19 19 19 19 19 19 19 19 19 1	ZQu. ALITOPSY? YES NO SE RED TINITE SAVING OF A CITYON death accorred on the	JOB IF IN CER	YES, WERE FIND HIPYING CAUSE YES  COUNTY 19	NGS USED S OF DEATH? NO

STATE OF MARYLAND

to. Comt uper s•r C felence rylam ttanoc ut erville x llence vous 21 ï

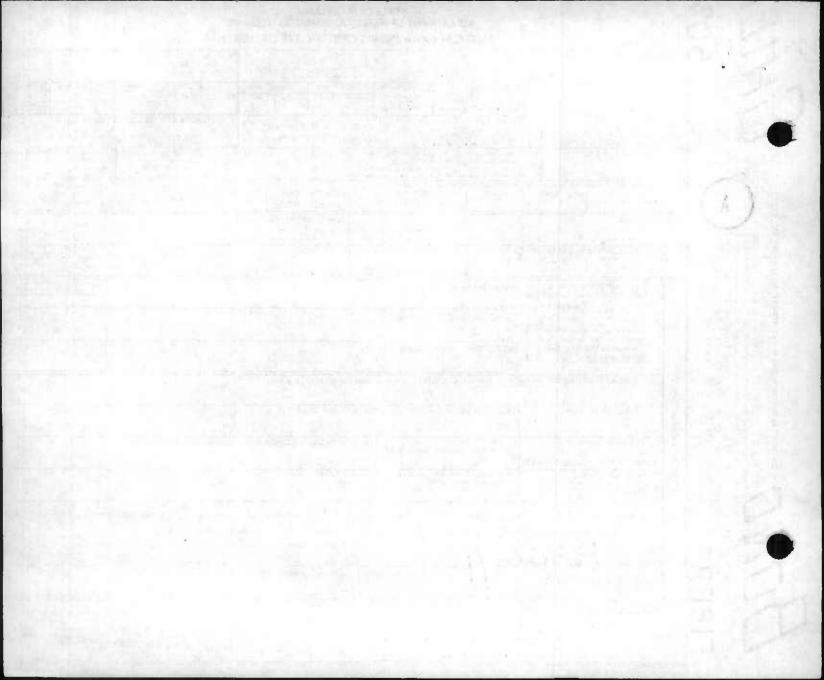
John J. Verguson Lice Lice Collins

7

uriil v/2/8 | Orelant harorial militable largiand

(VRA 15, 4)

O - U - Chia to Transition 86.00



the state of the s in the first of the state of th Light Burger of Lawrence Library 190 K Light 1917-W-CIE To Library Light 1918 Condition on the Edition of the Miles of the Condition of and the state of t the constant of the constant o

0 - 0 9 0 9 3	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6		6 0	3 8	
a m £		CEASED NAME FIRST OR PRINT)	WIDDLE		AST	20 DATE OF DEATH		YEAR	26. HOUR	
noy be poge 3			ow William Foe			June 6, 19			1:00 a <sub>M</sub>	
E L	3. SE.		White	5 DATE O		6 AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	HOURS MIN.	
herol die	7₀. BI Mai	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTY U.S.A.	TRY? B.  MARRIE  WIDOW	D NEVER MARRIED D	Baltimore CITY O		FDEATH	MD.	
by the fur	Ros	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU.  (IF NOT IN SUCH FACILITY, GIVE S  Franklin Squ	irsing home ( treet address) lare Hos	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Carpenter	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR	
y filled in should be er murt be	Mai	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN BALT.	NTY 13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS		21220		
omplete A and 2	Jol	n Mich			Margaret	ADDRI		Euric	S1 <b>D</b>	
be execui		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	.6478A	John Foehrko				.220	
certificate b ing physicior rbon popers, inc event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (o), Ib D BY: TE CAUSE (a) <b>Acute C</b> i		lmonary Arres	t	-	BETWEEN	ONSET AND DEATH	
s that the death cered by the attending slease remove carborral, cremation, or reconsists or other traumatic.		Conditions, if ony, which gave rise to immediate couse to stating the underlying cause last	DUE TO, OR AS A CONS  (b) Metasti  DUE TO, OR AS A CONS	EQUENCE OF	Carcinoma		b,			
signe hen pl njury, c	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Fig.								
on. hos been t permit. ene prior	CERTIFICATION	196 DATE OF OPERATION	N WAS PERFORMED	206 AUTOPSY?	206 IF YES, V IN CERTIFYIN YES [	NG CAUSES	NGS USED S OF DEATH?			
HYSICIAN: The daing physicions is certificate buriol-transit buriol-transit amental Hygies or Item 18 she		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
the produced of the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF		211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
TEN DO OS F He S		220.1 certify that (X (this hospi saw the deceased alive an above, (X (we) (did) (X X )	ital) attended the deceased fr June 6 t) view the body after death.	om_May 19.86o	6 , 19 <u>86</u> nd that in <b>X:X</b> 1 (our) opinion	, to _June_6 death occurred on the d				
HOSPITAL OR AT med by the hosp FUNERAL DIRECT uid be detoched to the Store Dept. or the Store Dept.		226. SIGNATURE	Fearson	n	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA		1220 DATE	6/86	
TO HOSPITAL of retoined by the TO FUNERAL Is should be deto with the Store I MAPORTANT: If			rson, M.D.		9000 Frankl		., 2123	37		
BP	100	BURIAL, CREMATION, REMOVAL (SPECIFY) cial			ill Cemetery	23d LOCATION CITY OF TOWN Middle Ri	ver Bal	OUNTY Ltimor	e MD	

DHMH 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., MD 21222

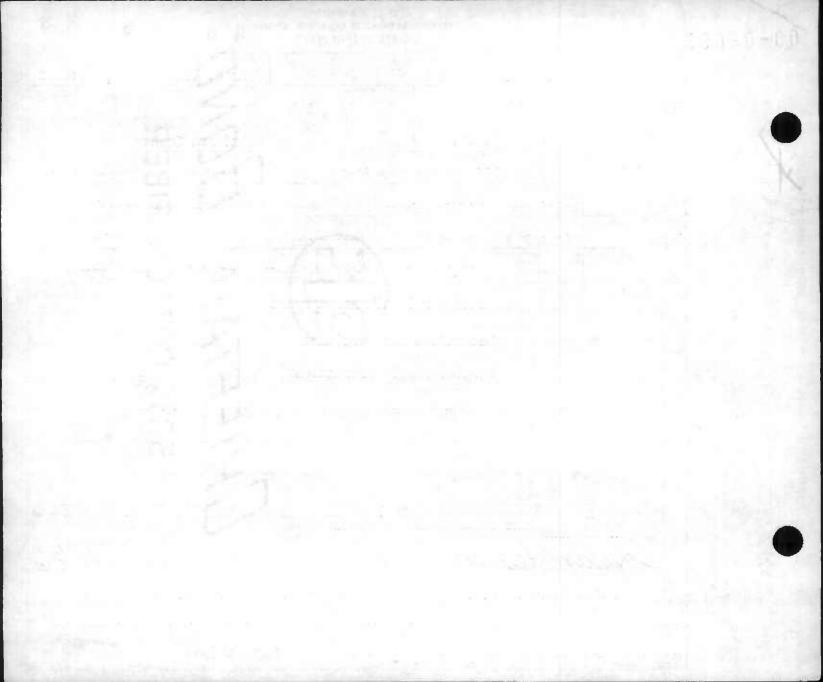
ATORY

23d. LOCATION
CITY OR TOWN

ECTY MIDDLE RIVER BALLIMORE MI

25a. DATE REC'D. BY REGISTRAN'S SIGNATURE

1. Holly Hill Cemetery



_	
_	
0	
_	
20	
ND 21	
-	
PM .	
-	
~	
-	
•	
-4	
_	
3-	
~	
DK.	
-	
-	
April 1	
~	
-	
*	
LAR	
-	
LE.	
0	
v	
-	
>	
-	
-	
-	
md	
a	
-	
BALTIMOR	
100	
-	
S	
_	
7	
-	
0	
~	
-	
10	
41	
844	
~	
RESTON	
0	
_	
"	
-	
-	
_	
_	
201	
(V)	
0	
CORDS	
OC.	
=	
0	
-	
U	
L REC	
OC.	
_	
-	
-	
4	
Been	
-	
/ITA	
>	
-	
M.	
0	
U	
-	
7	
-	
0	
V	
-	
S	
55	
/15	
VIS	
IVIS	
DIVIS	

should be a

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ( - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b-HOUR BARNES LETITIA FORSTER 13 86 6 1:06P 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR "August" 26,1898 87 White Female M. BIRHIPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Kentucky USA BALTIMORE COUNTY WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR GBMC-6701 N.CHARLES ST. (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOMEMAKET INDUSTRY TOWSON LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13: STREET GOOD GOOD TO BE STREET Rd. 21210 Baltimore 13d INSIDE CITY LIMITS? Maryland NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Otho Clark MIDDLE LAST Helen Mansfie Id ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 219-10-2406 Robert A. Forster Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).
PART I. DEATH WAS CAUSED BY:
CARDTORF CARDIORESPIRATORY ARREST MINUTES IMMEDIATE CAUSE to CONGESTIVE HEART FAILURE YEARS Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION RENAL FAILURE, HYPERTENSION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 86 27a 1 certify that (I) (this haspital) attended the deceased from 86 and that in (my) (our) opinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22h, SIGNATUE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 6/13/86 MPORTANT: 22d. PHYSICIADE'S NAME (TYPE OR PRINT) JOY L. HOWARD, M.D. GBMC-6701 N.CHARLES ST. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION Entombment June 16,1986 Dulaney Valley Mem. Timonium, Balto. Co., Md. STATE 6500 York Rd 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

19767	FOR STATE REGISTRA	AR		DEPARTN	NENT OF H	OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	0 0	REG. NO.	6 0	40
poge 3	1. DECEASED N. (TYPE OR PRINT)	Anna Anna		MIDDLE	Foul	er		20 DATE OF D		986	8:00 A
ector po	3. SEX Fema	le	White		5 DATE O	F BIRTH	18	6 AGE LINYEAR	S LAST BIRTHDAY)	MONTHS DA	
in 72 hours	Pennsy	(STATE OR FOREIGN	76 CITIZEN OF V	MHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER M	ARRIED ORCED		inore (	ounty	MD.
The Contract of the Contract o	Duno	lalk	1913	HOSPITAL, NURSING HEACILITY, GIVE STREET A (rafton	Avenu		TUTION		CUPATION IR MOST OF WORKIN		o of Business or
133	Maryla		DROTHER INSTITUTION INTY	13c. GTY OR TOWN	ADMISSION)			13e STREET AD	rafton	ODE. Avenue	21222
280	14 FATHER'S NA	odore	WIDDLE	Taras			lary		NDDLE	Barn	a.
on and construction and	160 WAS DECEA	ASED EVER IN U.S. A	RMED FORCES?	214-03-1		Wayne		der 191	3 (raft	on Ave.	
physician npaper maval.	18 CAUSI PART I	OF DEATH (Enter of DEATH WAS CAUS	only one couse per ED BY: ATE CAUSE (a)			102904	ARC	1587.	1	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
n signed by the attendi Then please remave car tro burial, cremation, ar injury, or ather troumati	gove ris couse ( underly)	ns, if any, which the to immediate ol, stating the the couse last.  OTHER SIGNIFICANT	(b) DUE TO, OF	r as a conseque	A STAT			NAL DISEASE C		GIVEN IN PART	lio
hos been the permit.	THOUSE THE STATE OF THE STATE O	OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPS	Y? 20b IF	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
g physicing entificate ind-transition into Hygin entitle Bygin entit Bygin entitle Bygin entitle Bygin entitle Bygin entitle Bygin entitle Bygin entit Bygin ent	00.00.000	ENT WAS UNDERLYING BUTING CAUSE OF D NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART   OR PART	2)
offending fer this c s the bur ond Me	OR CONTRI	NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY PEET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATIO STREET	N	C	ITY OR TOWN	COUNTY	STATE
spital or CTOR: Af- for use of of Health	saw	ify that (1)(this has the deceased alive a e, (1) (we) (did) (did r	JUNE	13 19 8	Ju 6 , an		our) opinion o		n the date and	hour and from t	that (1) we) lost
At DIRECTOR OF DEPT.	22b. SIGN		Eury	2.	[	P	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	22c DA	ATE SIGNED
etained by TO FUNER should be with the St	22d. PHYS	JOHN H.	GETTI'S	6 7.0		John	1	icios i	که دوام	il Ces.	ren
BP	230 BURIAL, CRI (SPECIFY)	Burial		0.0		Memor		Syke		arroll	STATE
IMH - 16 60M 7/B4 (VRA 15, 4)	Charle	rector es S. Zeil	ler & Son	Inc. 622	24 Eas	tern A		1 8 198	STRAR ESTRE	DISTRAR'S MON	MURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

water outer 1, 1 1 7 21 e ce b l d'incephal e venus son se l'Ul discrete The same of the sa trained . causes . as the large views

- 09291		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		1
		EASED NAME	FIRST		WIDDLE	l	AST		MONTH DA	Y YEAR 2	b HOUR
y be ge 3 deoth	,,,,,		Cora		LOU	For	wler	June	6 1986	5	M
may r ba	3 SE)	144		4 RACE	Maria de la companya	5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER YEAR	FUNDER 21 HRS
ge 4		Fema	le	Wh:	ite	Feb		88	YRS		
2240		THPLACE (STATE		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
to P T T		Georgia	9	USA		WIDOWE	D DIVORCED	Baltimo	re Cou	inty	MD
1 1 4	10 CT	Y OR TOWN OF	DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	170 USUAL OCCUPATI		12b. KIND OF INDUSTRY	BUSINESS OR
A-11 10	Mi	ddle R	iver	TVV	Hall Nur	sina	Home	Housewif			YUE
g	130 S	L RESIDENCE (IF N	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Md.	Bal	to.	Parkvi		YES NO X *	2901 Ont		Ave. 2	1234
TASA	I4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			7241	
		Miles			Carney		Rosena	MIDDEL .	Heat	theock	
d ca		AS DECEASED EV				RITY NO	17. INFORMANT	ADDRE			
Pag P	{Y	ES, NO OR UNKNOWN)	(1F YES GIV	E WAR OR DATES)	256-14	-949	4 Lora Hard	en 2901 O	ntario	Ave.	21234
te b			ATH (Enter on	ly one couse pe						APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
phy:		PART I. DEATH	WAS CAUSE	Ď BY: E CAUSE (6)	and	ose	elmonary a	west.			19 0 A 1
und no			IMMEDIAI								
ttenc ve cc on, c		Conditions, if a	nv. which	( 1b)	or as a conseque	NCE OF					
emo mati		gave rise to	immediate	DUE TO	OR AS A CONSEQUE	NICE OF					
by to ase r. I, cre othe		underlying co		( 10,0	DR AS A CONSEQUE	NCEOF				- 508	
ned in pleasuring in price in	-712	PART 2 OTHER S	IGNIFICANT C	ONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 110	
n sig	ON										
bee mit prior	CERTIFICATION	190 DATE OF OPE	RATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDING	
hos hos	TIFI							YES NO	YES		NO [
Hygien 8 sh	CER	210. ACCIDENT WAS		1100100 1	OF INJURY	V VEAD	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T I OR PART 2)	
a ph	AL	OR CONTRIBUTING	_	(11)	M. MONTH DA	1 TEAR					
ding burn Mer And	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	sails.	COUNTY	STATE
and and ked	W	WHILE NO	WHILE WORK	(AT HOME S	TREET, FACTORY, OFFICE, FA	RM, ETC ]	STREET	CITY ON TO	WN	COUNTY	SIAIC
Aft Se os se oslth mor				tal) attended t	he deceased from_			, to		? th	ot (I) (we) lost
TOR Or U		sow the deci	eased alive on		19		d that in (my) (our) opinion o				
REC ppt oppt oppt oppt oppt oppt oppt oppt		226. SIGNATURE	e) (did) (did no	1) view the bod	y otter death.		DEGREE			22c. DATE SI	GNED
the erach re De		llon	uld	attar	Coses		ATTENDING	MEDICAL STA	FF		
PITA by by Story		22d PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS	DWECTOR THISK	TOIR L		2/21
SO Z DOF			^	A				41	- 0.	100 -	- 1.1

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE 19\_\_\_\_\_, that (I) (we) fast e and hour and from the causes stated 22c. DATE SIGNED AN 21224 N. POINT ROAD ATT ANASTO 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 6/10/86 Meadowridge Balto. Maryland Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Connelly Funeral Home300Mace Ave.21221

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 

0-10210	-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	
be oge 3		CEASED NAME FIRST LEDO		C.	FRE	eman	20. DATE OF DEATH	06 20	10 110
ctor, po	3. SEX	FEMALE	4. RACE WHI	TE	5. DATE O	18, 1891 YEAR	6 AGE (IN YEARS LAST BIR	95	FUNDER LYEAR IF UNDE
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		RTHPLACE ISTATE OR FOREIGN COUNTRY)	75. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED C	9. BALTIMORE CITY C	R COUNTY	
0 36	10 CI T	OWS ON	GBMC-67	OI'N CHA	REES	ST., TOWSON	(TYPE OF WORK FOR MOST CHORES TO THE COMPANY OF THE		126. KIND OF BUSIN INDUSTRY
E (PA)	Ma Ma		e or other institution. DUNTY Ltimore	Parkvil	le	13d INSIDE CITY LIMITS?	13e.SIDEU 6ADDRESS	erw ind	Rd. 21234
1 2080	14 FA	William	MIDDLE	Decker		15. MOTHER'S MAIDEN N			Cash LAST
Poges I		VAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? , GIVE WAR OR DATES)	166 SOCIAL SECU 214-26-9		Mr. Aubrey	W. Freeman		as # 13e
DS, 201 W, PRESTON S; quire, that the death cert signed by the attending hen please remove carbo obusio, cremation, or re- jury, or other traumatic e	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN COAGULOPA	DUE TO, O  (c)  TONDITIONS CO	R AS A CONSEQUE	NCE OF		PMINAL DISEASE OR CON	IDITION GIVE	N IN PART I to
DIVISION OF VITAL RECORDS.  NG PHYSICIAN: This carrier that carrier has certificon too been as so she burichtrans green. Then to and averal Hyperes are corked or teen 8 thos applications or the corked or the carrier and th	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDINGS USI
G PHYSICIAN: of PHYSICIAN: a strength on Americal Hysician on Americal Hysician and American and Americ	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK	DEATH HOUR A. INER) P. 21e. PLACE	M. MONTH DA M.	19	216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJL		COUNTY
OR ATTENDING PI he hospital or attent DIRECTOR: After the oched for use as the Dept. of Health and If Hem 21 is marked		220.1 certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did)	UII		86 , 。	716 , 19 80 and that in (my) (aur) opinio	, 10	ate and haur	9 86 , that (I) and from the causes s
O HOSPITAL TO FUNERAL should be deter with the State		DR. REET		-8		PHYSICIAN 27e ADDRESS	DIRECTOR PHYSIC	CIAN 🗗	SON, MD

23b. DATE

Leonard J. Ruck, Inc.

6-23-86

Mt. Union

Baltimore, Md.

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Cash LAST ame as # 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART I 10 FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [ ITEM 18 PART | OR PART 2) COUNTY STATE 86 , that (I) (we) last nd haur and fram the causes stoted TOWSON, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Botetourt, Virginia STATE 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE JUN 23 1986 graha Davidson Mandelle

26 HOUR

126. KIND OF BUSINESS OR

4:45am

MD.

Marriage Baltimove Parkville a Trop Northwood Dat 275

reformation the Johnson Erroman Steer me to Du-

Post commend of marks that the leading of

5	FOR STATE REGISTRAR			DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE	6
	1. DECEASED NAME	FIRST	ŧ	WIDDLE	LAST	20 DATE	OF DE
		Mary J	Jane	Frederick		June	e 20

Female   White   March 14, 1896   90   YRS   DAY   Y	0.00				UF MAKTLAND	SIAI						
Mary Jane Frederick   June 26, 1986	4 3	1604	8 0	HYGIENE			DEP			STATE	1 -	
Mary Jane Frederick    Second   Second	2b HOUR	MONTH DAY YEAR 26 HO	DATE OF DEATH MONTH	20 DATE	AST	l	WIDDLE	1	FIRST			
SEX   S DATE OF BIRTH   March 14, 1896   90   VRS   S DATE OF BIRTH   March 14, 1896   90   VRS   DATE OF BIRTH   MARCH DATE OF BI	7:10 AM	986 7.1	June 26, 1986	Jun			derick	ane Fre	larv Ja		11116	
BRITHPIACE   STATE OF POREON   78 CITIZEN OF WHAT COUNTRY   8   MARRIED   NEVER MARRIED   18 BALTIMORE CITY OR COUNTRY OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   120 USUAL OCCUPA	IF UNDER 24 HRS	HDAY) IF UNDER LYEAR IF UND		6 AGE							SEX	
BERTHPLACE   STATE OF POPERATION   1% CITIZEN OF WHAT COUNTRY?   1% MARRIED   NEVER MARRIED	HOURS MIN.		20					White		male	Fe	
Maryland   USA   WIDOWED   DINORCED   Baltimore County   178 KIND   178 KIN				9 BALTIA		TRY? 8	WHAT COUN	-	FOREIGN	THPLACE ISTATE OF	a. BIF	
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   12 USUAL OCCUPATION   12 USU	440	C					٨	IIC				
Augsburg Lutheran Home   Retired   LP	OF BUSINESS OR	ON 12b. KIND OF BUSI	USUAL OCCUPATION	1 12a USU		IRSING HOME	HOSPITAL, NI	11. NAME OF	ATH			
SOURCE CIP NOTION HOMEON HOMEON FOR COTHER INSTITUTION OF RESIDENCE REFORM ADDRESS / ZIP CODE   136. COUNTY   136. STREET ADDRESS / ZIP CODE   10. Deer Park Ct. 21   15. MOTHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S NAME   15. MOT										choorn	To	
Maryland Baltimore Cockeysville   YES   NO   10 Deer Park Ct. 21  4 FATHER'S NAME   NO   NO   NO   NO   NO   NO   NO   N	IN				ome	BEFORE ADMISSION)	N. GIVE RESIDENCE	ROTHER INSTITUTION	SING HOME OR	L RESIDENCE (IF NUR	JoUA	
TOTAL S SCHWEIZER  SCHWEIZER  SCHWEIZER  Mary Jane Gill  Mary Jane Added  Added Solve Added Solve and Jane Gold Reversed on the dote ond how and from the sow the deceased of live and Jane Gold Reversed on the dote ond how and from the sow the deceased of live and Jane Gold Reversed on the dote ond how and from the sow the deceased of live and Jane Gold Reversed on the dote ond how and from the sow the deceased of live and Jane Gold Reversed on the dote ond how and from the sow the deceased of live and Jane Gold Reversed on the dote ond how and from the sow the deceased of live and Jane Gold Reversed on the dote ond how and from the sow the deceased of live and Jane Gold Reversed School Reversed on the dote ond how and from the sow the deceased of live and	000											
Charles Schweizer Mary Jane Gill  WAS DECEASED EVER IN U.S. ARMED FORCES?  (19 SOCIAL SECURITY NO. 17. INFORMANT Baltimore ADDRESS MD 212  216-28-1214 Augsburg Lutheran Home 6811 Campfi  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE ID.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse 101, stoting the underlying cause lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.  190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  1910 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  210, ACCIDENT WAS UNDERLYING 100 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR PERFORMED 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 1.  1910 INJURY OCCURRED 210, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  210 LOCATION 192 LOCATION 193 COUNTY developed and bout and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the deceased of live an 192 and that in (my) (aur) agringing death accurred on the date and hour and from the sow the date and hour and from	030	rk Ct. 21030	U Deer Park			ysviile	Locke	Limore	Dail		-	
WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  NO  216-28-1214  Augsburg Lutheran Home 6811 Campfi  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE ID  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse joi, stotting the underlying cause lost.  Conditions, if only, which gave rise to immediate couse joi, stotting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN THE CONDITION FOR WHICH OPERATION WAS PERFORMED  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR ONLY WEST OR CONDITION FOR WHICH OPERATION WAS PERFORMED  211, ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (WEITHER, NOTEY MEDICAL EXAMINER)  212, ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (WEITHER, NOTEY MEDICAL EXAMINER)  214, INJURY OCCURRED  WHILE NOT WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216, CETTIFY INTO (1) (this hospital) attended the deceased from 19 and that in (my) (apr) opining death accurred on the date and hour and from the saw the deceased oflive an 19 and that in (my) (apr) opining death accurred on the date and hour and from the saw the deceased oflive an 19 and that in (my) (apr) opining death accurred on the date and hour and from the saw the deceased oflive an 19 and that in (my) (apr) opining death accurred on the date and hour and from the saw the deceased oflive an 19 and that in (my) (apr) opining death accurred on the date and hour and from the saw the deceased of live an 19 and that in (my) (apr) opining death accurred on the date and hour and from the saw the deceased of live an 19 and that in (my) (apr) opining death accurred on the date and hour and from the course of the co	ST	LAST	-						-	FIRST		
NO    (FYES, ONG WAR OR DATES)   216-28-1214   Augsburg Lutheran Home   6811 Campfi		0.0			17 BUT OBLIANT						4n 1A	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		FID 21207	iore H				1000				(Y	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse 101, stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  ### PART 2 OTHER SIGNIFIC		6811 Campfield	an Home 681	utheran	Augsburg	-1214	216-28				No	
220 1 certify that (I) (this hospital) attended the deceased fram	a	DITION GIVEN IN PART 1(a)	DISEASE OR CONDITION	TERMINAL DISE	NOT RELATED TO TH			(c)_	ing the e lost.	underlying cause	z	
220 I certify that (I) (this hospital) attended the deceased from						Mulli	17,	Deedu	16 K	1110	9	
220 I certify that (I) (this hospital) attended the deceased from	S OF DEATH?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	IN CEI		WAS PERFORMED	HICH OPERATIO	DITION FOR W	19b. CONE	ITION	196 DATE OF OPERA	FICA	
220 1 certify that (I) (this hospital) attended the deceased fram	NO 🗌				121c HOW BUILDY		OF IN HIDY	21h TIAAE /	NDERIVING [	21a ACCIDENT WAS IIN	ERT	
220 I certify that (I) (this hospital) attended the deceased from		TINTEM IS PART LORPART 2)	LENIER WATORE OF INJURY IN HEW	CORNED (ENIER			l.m. MONTH	ATH HOUR A	CAUSE OF DEA	OR CONTRIBUTING	CAL C	
saw the deceased alive an	STATE	/N COUNTY	CITY OR TOWN			FICE, FARM, ETC.)	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)					
		te and hour and from the causes						n	sed olive an.	saw the deceas		
	SIGNED				ATTENT		han	Lale		226. SIGNATURE		
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS O		1 1		0				OR PRINT)	IAME (TYPE O	22d. PHYSICIAN'S N		
TATINEEM LAICHAMI MO TLO PARK HEICHT AVE, BE	do Mozice	1 AVE, Ballot	HEICHTS +	ARK	7220	M	Amı	LAKET				
30. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY  Burial 6-28-86 Lorraine Park Cemetery Woodlawn Baltimore	STATE		CITY OR TOWN				96			PEC (FY)		

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

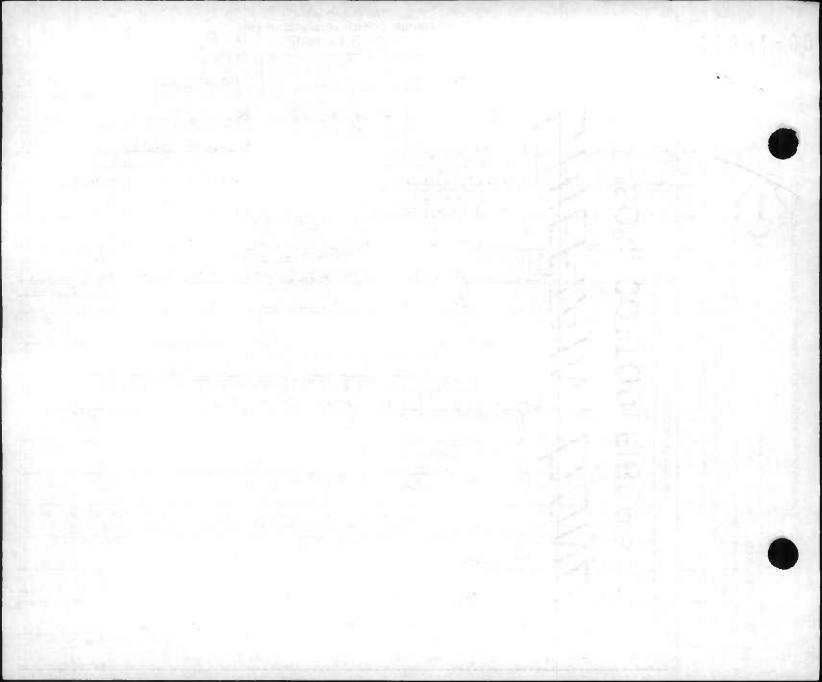
TO FUNERAL DIRECTOR: After this certificate has been signed by this attending physics should be detached for use as the burial-trainit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygierne prier to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or attending physician.

injury, or other traum

MPORTANT: If them 21 is marked or them Ja

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 8728 Liberty Rd. Randallstown, MD 21133



And the state of t

BP

(VRA 15, 4)

-08782

poge 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 20. DATE OF DEATH 26 HOUR 86 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 12 1006 YEAR 70

1	T. CHIATE	will re	Dec. 12,	1900	()	YRS.	
		CITIZEN OF WHAT COUNTRY?	8	9	BALTIMORE CITY O	R COUNTY OF DE	ATH
>	Penna.	U.S.A.	MARRIED NEV	DIVORCED	BAltimo	Re Co	unty M
1	10 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN		NSTITUTION 12	20 USUAL OCCUPATION	ON 12b	KIND OF BUSINESS O
)	Towson	Stella Maris	Hospice		Western E	lectric 0	oTester
	USUAL RESIDENCE (IF NURSING HOME OR OTH T3a STATE 13b COUNTY	13c_CITY OR TOW	N 13d INSID	ECITY LIMITS? 13	82235Lau	ZIP CODE	14.07.4
	Maryland Baltin	nore Parkvil	1.20			rel Dr. 2	11234
	14 FATHER'S NAME FIRST Claude	Madison Madison		ER'S MAIDEN NAME	WIDDLE	Lu	ıdder'
1	160 WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	RITY NO. 17 INFOR	MANT	ADDRE	SS	
	(YES, NO OR UNKNOWN) (IF YES, GIVE W.	218-03-	6621 Jo	hn L. Gant	ts Same a	s # 13e	
1	18 CALISE OF DEATH Seasons In a	an anus nor line for in the one	l. a. i				APPROXIMATE INTERVAL
1	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		Noid T	11 MOD		-	ETWEEN ONSET AND DEATH
1	IMMEDIATE C	AUSE (a) CARCA	NOIG	WITTOR			
1		DUE TO, OR AS A CONSEQUE	NCE OF			8 1	
1	Conditions, if any, which	(d)					
1	gave rise to immediate couse (0), stating the						
	underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
1		(c)					
1	PART 2 OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING TO D	DEATH BUT NOT RELA	TED TO THE TERMINA	AL DISEASE OR CONI	DITION GIVEN IN F	'ARI IIa
	2						
Ч	5 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	FORMED	20a AUTOPSY?		FINDINGS USED
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	1 (See 1 = 10 )			YES NOT	YES T	NO [
d	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOV	/ INJURY OCCURRED	ENTER NATURE OF INJUR	TY IN ITEM IS PART I OR	PART 2)
2	On contract to Contract of the	HOUR A.M. MONTH DA	AY YEAR				
H	G CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M.	19				
4	214 INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCA	ATION REET	CITY OR TO	WN COL	UNITY STATE
	AT WORK NOT WHILE	THE NAME STREET, PACTORY OFFICE P	ann erc)				
-	22a   certify that (1) (this haspital)	attended the deceased from_	7/1	1983	, to 6/b	19.8	, that (II (we) la
	saw the deceased alive an	6/2 19.8	ond that in (	ny) (aur) apinian deo	oth occurred on the do	te and have and fo	om the causes stated
	abave, (1) (we) (did) (did not) v	new the bady after death.	DEGREE				DATE SIGNED
	CV CSI	A. () Con	20		MEDICAL STAF	F	1.16/21
4		merce	114		DIRECTOR PHYSIC		013/00
1	22d. PHYSICIAN'S NAME (TYPE OR PR	(INT)	22e ADD	<b>ポモンン</b>			2/201

endall Faw Kner

2300 Dulaney Valley Rd. Towson 231. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 6-9-86

Dulaney Valley

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

FOR

REGISTRAR 1. DECEASED NAME

Abeth

William de la la

- STATE

LITYPE OR PRINTS

3 SEX

Leonard J. Ruck, Inc.

Baltimore, Md.

JUN 9

Timoniun, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

wie Davidson Vingania-

0116 Dog. 12,1906 -- 19

.A.C.V .Anna

BILLETU

Stolia aria Honolos

Maryland Balticore Farkville x Satty amurel pr. 21234

Yalinon ary

The special sp

L 'N -

Complete Land Tradition

inc. Prince, ad.

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 2	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		3 REG. NO.	16	04
	CEASED NAME E OR PRINT! Mr.	Raymond P	aul Garn	ier Sr.		June 27,1986	DAY YEAR	1935 PM
3 SE	×/ale	Caucasi		5. DATE OF BIRTH  Cotober 16' 1915'	AR 70	ARS LAST BIRTHOAY)	MONTHS DATS	R IF UNDER 24 HRS HOURS MIN.
CF /	IRTHPLACE (STATE OR FORE	76 CITIZEN OF United	States	8. X MARRIED A JEVER MARRII WIDOWED DIVORCI	ED - Polt-	more County		MD
- Annual Pro-	TITY OR TOWN OF DEATH Pandallstown			HOME OR OTHER INSTITUTE PRESS) PRESS HOSPITAL		FOR MOST OF WORKING	LIFE) INDUSTRY	of BUSINESS OR Y COYS Empire
	AL RESIDENCE (IF NURSING STATE	HOME OR OTHER INSTITUTION BALLIMORE	130 CITY OF TOWN		AUS? 13. STREET A	DDRESS / ZIP COL	DE B	21133
	ATHER'S NAME HILLIAM Raymond	Garner <sup>®</sup>	1.451		eille Lamp	WIDDLE	Į.	AST
160.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	217-26-3 <sup>1</sup>		y T. Carner ka Circle	ADDRESS Randal	Lstown	21133 Maryland
	PART I. DEATH WAS	(Enter only one couse per S CAUSED BY: AMEDIATE CAUSE (a)	line far (a), (b), and	SUNATION	QFII:		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
NO	Conditions, if any, w gave rise to immed couse (0), stoting underlying cause	diate the DUE TO, O	HEAP A		LARYNX HE TERMINAL DISEASE			4 <i>PS</i>
CERTIFICATION	19a DATE OF OPERATIO	DN 196. COND	ITION FOR WHICH C	DPERATION WAS PERFORMED	200 AUTO	IN CERT	ES, WERE FIND IFYING CAUSE YES	DINGS USED ES OF DEATH?
	210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	JSE OF DEATH HOUR A.		Y YEAR	OCCURRED (ENTER NA	URE OF INJURY IN ITEM 18	PART I OR PART ?}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM ETC   211 LOCATION STREET	37.	CITY OR TOWN	COUNTY	STATE
out # 176	sow the deceased	olive on 6 (did not) view the body	27 19 P	and that in (my) (aur)	opinion death accurred	d an the date and ha		
1	22b. SIGNATURE	DO		PHYSI	DING MEDICAL	STAFF PHYSICIAN	226. DAL	27/A
7	GARY	(TYPE OR PRINT)		710 ADDRESS	1. 40th s	ア.	BALT	v, APZI
	BURIAL, CREMATION, RE.	7-01-86	Lo	AME OF CEMETERY OR CREMA Orraine Park Cemet	atory 23d LOCA Ery Balt		Baltimore	Maryland
	UNERAL DIRECTOR LA	oring Byers Fu			25a. DATE REC'D. BY RI	GISTRAR 256. REGIS	STRAR'S SIGNA	ATURE - Mandales

The collection | This biser County General Control of the State of

gast sufferi cari it. By T. Garner signification Vice

and the constitution of th

ciscrett Innatati or Lillia

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH MONTH June 27, 1986 Genevieve M. Garrigan & AGE TIN YEARS LAST BIRTHDAYS 3. SEX 4 RACE 5. DATE OF BIRTH Feb. 6, 1896 YEAR F 90 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) Baltimore Co., Md. USA DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Towson Valley Nursing Home Homemaker SUAL RESIDENCE (# N 5503 Leith Road Baltimore Md. 21239 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ellen McNally LAST Martin Donnelly ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 219 30 1513D | Miss Margaret Donnelly 8336 Kendale Rd. -34

	4	PART I, DEATH WAS CAUSED BY IMMEDIATE C	AUSE (a) arteriosclevitus	Ceronary art	ing Disea	BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	yn (	/	
	NOI	/	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CONI	DITION GIVEN IN PART 11a
	RTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
1	AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (15 EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	YY IN ITEM 18 PART I OR PART 2)
MEDIC		21d. INJURY OCCURRED  NOT WHILE AT WORK	218. PLACE OF INJURY LATHOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
		220.1 certify that (I) (this hospital) saw the deceased alive an abave, (I) (wa) (did) (did nat) vi	6-25 1986 9	id that in (mx) (aux) apinian de		that (I) (wellast are and have and from the causes stated
1		226. SIGNATURE	Kenaleules!		MEDICAL STAF	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

23e. BURIAL CREMATION, REMOVAL

Burial

KOWALOUS KI

6/30/86

6500 York Rd.

23c NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Swin Davidon Bondall

AZ- .hi fin f clicton demands file.

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

should be with the S DHMH - 16 60M 7/84 (VRA 15, 4)

Burial June 26,1986 Druid Ridge Cem. N. FUNERAL DIRECTOR Owings Mittle, Mdc.

236. BURIAL, CREMATION, REMOVAL

Pikesville, Balto., Md. 25a DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

2b HOUR

10

126 KIND OF BUSINESS OR

21204

Electric Co.

IF UNDER 24 HRS

IF UNDER I YEAR

Preston

YES [

COUNTY

22c DATE SIGNED

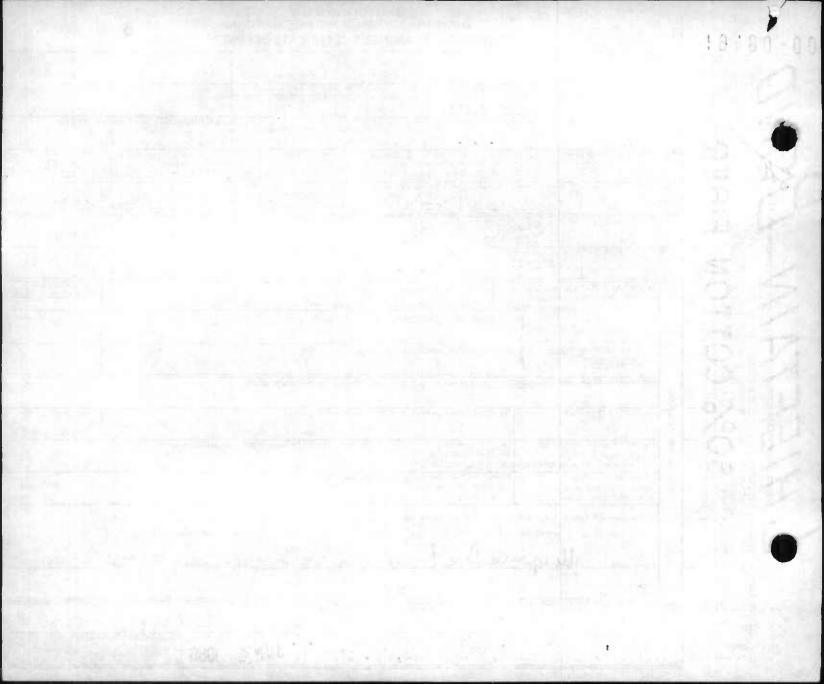
a.m.

AND AND ADDRESS OF THE PARTY OF

Changer Later at a man Start at the contract of the contract o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATIF REG. NO REGISTRAR L DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) DEATH MATED JOHN 2d HOUR 4 RACE 5. DATE OF BIRTH 20. DATE LAST BIRTHDAY March 6, 1931 White Male 6-1-86 19 12P M 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED Baltimore County

170 USUAL OCCUPATION (TYPE OF WORK 1726 KIND OF BUSINESS D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION For MOST OF WORKING LIFE Baltimore Gas Elect. 15914 Falls Road Sparks | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 15914 Falls Road Sparks Baltimore Maruland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Fagan Gearhart Maru Catherine Stanley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17. INFORMANT PAGES (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-30-2108 Hilda Gearhart Same as # ww yes F MEDICAL EXAMINER ALCINO.
ED AS A BURIAL - TRANSIT PERMIT. P.
HEATH AND MENTAL HYGIENE, DIV 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY - MMEDIATE CAUSE (0) Acute carbon monoxide intoxication DUE TO OR AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-OF HEALTH AND MEI URIAL, CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH, THE STATE DEPARTMENT OF HE BALTIMQRE, MARYJAND, 21201 PRIQR TO BURIAL, NO [ 210. EXTERNAL CAUSE WAS THE OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subj. inhaled fumes from car (running) 0:30A 6-1-8619 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK garage 15914 Falls Rd. Sparks Maryland 22a I certify that I took charge of the remains described above, held an and in my opinion X Suicide Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) SIGNED 6-2-86 Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M. Dodress 111 Penn Street (TYPE OR PRINT) 231 NAME OF CEMETERY OR CREMATORY 73d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Ellicott City Maryland Good Shepherd Cemetery 6/5/86 07/84 Le 10 PIRETOR Russell C. Witzke Funeral Homes P. No. DATE REC'D. BY REGISTRAR 25 D. REGISTRAR'S SIGNATURE **DHMH** - 17 1630 Edmondson Avenue, Catonsville, MD. 21228 (VR A15 ME (5))



### DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove corban papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or thern's shows any injury, or other troumatic event, the

requires that the death

PHYSICIAN. The low attending physician.

ATTENDING

retained by the haspital or HOSPITAL

BP.

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ohm	1	6	()	:5	0
0	6	0	4.0		
REG. NO.		- 1			

JUN 23 1986 June Dandon Handam

	REGISTRAR			CERTIF	ICATE OF DEATH	REG	. NO.			
	CEASED NAME FIRST		AIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b HO	UR
(TYPI	Betty	E	va		Geoghegan	June	20,	1986	6.0	10 AM
3. SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAT		ER 24 HRS
	-EMale	Wh.	ite	MONTI	07/23/27 YEAR	58	YE	The second second	2 HOOKS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT			-	
	Maryland	US.	A	WIDOW		Balti	more			MD.
10 C	TY OR TOWN OF DEATH  Reisterstown	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A	ADDRESS)	Ave.	12a USUAL OCCUP	OST OF WORKIN		OF BUSIN	IESS OR
	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION. UNTY Baltimo	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRE		CODE apson Ave	e. <i>é</i>	21136
14. F	ATHER'S NAME FRIST  Lawerence	Mul	cahy		15. MOTHER'S MAIDEN NA FIRST <b>Eva</b>	MIDDI	Leis		LAST	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	AD	DRESS			
	YES, NO OR UNKNOWN) (IF YES.	GIVE WAR ON DATES	219-20-	6260	Richard F.	Geoghegan	632	Biddle S	5t.	21915
	18 CAUSE OF DEATH (Enter	anly one cause ner	line for (a) (b) and	dice s				APPR	OXIMATE INTE	ERVAL
CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. If	F YES, WERE FIN ERTIFYING CAUS	DINGS USI	ATH?
E					To the state of th	YES NO		YES	NO	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	440000	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEA	A 18 PART   OR PART :	21	
MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMI	NER) P.		19						
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY LEET FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	City C	OR TOWN	COUNTY		STATE
	22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did		0 1 000		nd that (in (my) (our) apinion	death accurred on the	ne date and	19 hour and from t	that (1) the causes s	
	226. SIGNATURE	D.	Kar	2-	DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF YSICIAN [	22c. DA	Z I	176
	22d PHYSIGAN'S NAME (TY)	en/MI	reoil	5	70 F Ran	to she	P Rd	· onig	الماء	BN
	BURIAL, CREMATION, REMOV (SPECIFY) Burial	10000	/23/86		ster's Church	23d LOCATION CITY OF TOW West	minst	er, Car	roll	MD.
	UNERAL DIRECTOR	CHAREE.	OWINGS MI	LLS,		TE REC'D. BY REGISTI		GISTRAR'S SIGN		Ma

DHMH - 16 60M 7/B4

(VRA 15, 4)

00-09940

the funeral director, page 3 d within 72 hours ofter death

FOR STATE

### STATE OF MARYLAND DEPARTMENT C

OF HEALTH AND MENTAL HYGII TIFICATE OF DEATH	ENE 8	6 REG.	NO.	6	J	9-1
LAST	20 DATE OF	DEATH	MONTH	DAY	YEAR	2b
	THNE	12	1986			5

REGISTRAR		CERTIFICATE OF DEATH	REG. N	Ο.			
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH		AR 26 HOUR		
FRANK	IRVIN GIBSON		JUNE 12,	1986	5:00A M		
3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS		
MALE	WHITE	AÜĞÜST 31, 1911	74	YRS.	DATS HOURS MIN.		
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	н		
WASHINGTON	U.S.A.	WIDOWED DIVORCED	BALTIMOR	E COUNTY	MD		
FORT HOWARD	V.A. MEDICAL C	ENTER	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST CONTRACT OF THE PROPERTY	OF WORKING LIFET INDUS	ND OF BUSINESS OR TRY		
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU		VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 114 OAKME	ZIP CODE RE ROAD/21	117		
14 FATHER'S NAME FIRST  U	nknown LAST	15 MOTHER'S MAIDEN N	Unknown		LAST		
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES O	RMED FORCES? W. II 166 SOCIAL SECTION 166 SOCIAL SE	3691 Genevieve Gi	bson 114 <sup>DDR</sup> CORDS, VAMC	kmere Rd. FORT HOW	21117 ARD, MD.		
PART I. DEATH WAS CAUS	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c):  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CARDIO RESPIRATORY ARREST						
Conditions, if any, which gave rise to immediate							
couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (c) CVA with	2	2 MONTHS				
		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	R1 110		
ESSENTIAL HYP: 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES			
00 00 100 100 100 100 100 100 100 100 1		PAY YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART : OR PAR	RT 2)		
OR CONTRIBUTING CAUSE OF B  LIFETHER NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)  211 LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE		
sow the deceased alive a	n_JUNE_1219_	MAY 21 19 86 86 , and that in (my) XX opinion	,		6 , tho XI (we) lost the couses stated		
276. SIGNATURE	- CiTan,	DEGGE ATTENDING PHYSICIAN	MEDICAL STAI	CC 37 TT7	NE 12, 198		
AURORA C. TA		VAMC, FORT	HOWARD, MD.	2-31			
230. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	1 23b DATE 23c	NAME OF CEMETERY OR CREMATORY Garrison Forest Ve	t. Owings Mi	ills, Bart	imore Md.		
R Law Witten		neral Chapel 250 DA s, Md. 21117	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior ta burial, cremation.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

retoined by the hospitol or

BP.

The production all " miles the third applicant by T. at " work Independent of the contract of

	z	ä
1	3	
MARYLAND 21201		
T. BALTIMORE.		
OI W. PRESTON ST., B		
, 201 V		
DIVISION OF VITAL RECORDS, 2		
DIVISION OF		
(		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate in executed within 24 hours other

00-0

08815	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	6 0 5 2	
poge 3		CEASED NAME FIRST Pear	1 A.	Gochnauer	20. DATE OF DEATH MONTH	7 86 10:55 A	
mor, po	3. SE	Female	White	5. DATE OF BIRTH 28 1896	6 AGE (IN YEARS LAST BIRTHDAY) 90 YRS	MONTHS DAYS HOURS MIN.	
35		RTHPLACE (STATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNT U.S.A.	MARRIED   NEVER MARRIED   WIDOWED			
of other	,	TY OR TOWN OF DEATH  Towson	'H8TTY' HTTT		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	126 KIND OF BUSINESS OR INDUSTRY Home	
completely filled in a disconnect party and the connect party and	14. F.A	Maryland Ba  ITHER'S NAME FIRST  Ernest  VAS DECEASED EVER IN U.S. A	MIDDLE LAST  Aitke RMED FORCES? 166. SOCIAL S	TOWN 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	903 Old Oak Roman Ann Address		
Pogn P	,	YES, NO OR UNKNOWN) (IF YES, G	212-0	1-1229 Mr. Richard	B. Gochnauer	Same as 13e	
law requires that the death cert is been signed by the attending rimit. Then please remove corbon prior to burial, cremation, or resis only injury, or other traumatic es	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	ISONS L	phonged Ante	20a AUTOPSY? 20b. IF	GIVEN IN PART 110  YES, WERE FINDINGS USED TITIFYING CAUSES OF DEATH?	
CIAN: The physicion of tronsit protection and Hygien em 18 show	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	YES NOM	YES NO	
adfending ter this cer is the buric hand Menrikedor the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	21f LOCATION	NWOT RO YTI )	COUNTY STATE	
ATTENDIN spital or CTOR: Af for use of Health		sow the deceased alive a above, (1) (we) (did n	n June 4 ot) view the body after death	9 Sce , and that in (my) (our) opinion	death occurred on the date and b		
TO HOSPITAL OR A retained by the host TO FUNERAL DIREC should be detached with the State Dept.		276. SIGNATURE  276. PHYSICIAN'S NAME (TYPE	enable. Jr.	22e ADDRESS 7215 York R		226 DATE SIGNED 6 -9-86	
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		Parkwood Cemetery  Parkwood Cemetery	Bairo.	Balto. Md.	
DHMH - 16 60M 7/84 (VRA 15, 4)		uck Towson Fund	eral Home, Inc.		TE REC'D. BY REGISTRAR 256, REG JN 9 1986 Julia	ISTRAR'S SIGNATURE	

reserve the control of the control o and the control of th rance in mon an ment to me inc. The contribution of the ment of th

Month Foger 4 may be	um director age 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours above the death required by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and company. Heat in by the furnishing a should be detachedefor use as the buriol-transit permit. Then please remove carbon papers. Pages 1 m, with file first order of Health and Mental Hygiene prior to buriol, creamon, or removal.  INPORTANT, if them 21 is marked or frem 38 shows any minry, or other from only event, the medical and mental medical and a shows any minry, or other from only the medical and mental and a shows any minry, or other from only the medical and mental and a show any minry.

10739		FOR STATE REGISTRAR		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	REG. NO.	160	) 5 3
ge 3 eath	I. DECEASED NAME (TYPE OR PRINT)  R1		ta	Goelle	· ST	June 23,198	6 DAY YEAR	7:17 a
0	3. SE	Female	4 RACE White	S. DATE O	t.13 1922	6 AGE LINYEARS LAST BIRTHE	MONTHS: DAY	
Carried Market		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
100		Maryland	USA	WIDOWE	DIVORCED [	Baltimore	County	MD.
37		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, 1 (IF NOT IN SUCH FACILITY, GIV Franklin	NURSING HOME O /E STREET ADDRESS)	R OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Household	VORKING LIFE) INDUSTR	
35	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUNTY Ball STREET NAME FIRST	TOTHER INSTITUTION GIVE RESIDENT 130. CITY C Midd	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO ** 15 MOTHER'S MAIDEN NA	13e STREET ADDRESS / Z 1105 Ches	terRoad	21220
0		Charles	Gre	be	Elizab	oeth MIDDLE	Jon	LAST LES
1		VAS DECEASED EVER IN U.S. AR	/E WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDRESS		
/	-	18 CAUSE OF DEATH (Enter or PART ). DEATH WAS CAUSE			George Goe	eller 8049M		t 21043
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	IE CAUSE (0)	NSEQUENCE OF	sive Myocard	ial Infarctio		10
Sound State	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED		NOB IF YES, WERE FINI IN CERTIFYING CAUS YES -	
Hem 28 sh	ICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART 2	2)
/	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
spital or at Spital or at CTOR. Afte I for use as of Health or 21 is mork		22a.1 certify that (this haspi			d that in (aur) opinion	deoth occurred on the date	19 86	_, that <b>X</b> (we) last the causes stated
II. If Ifem		Ewin M	. Miller H		EGREE  ATTENDING PHYSICIAN	MEDICAL STAFF  ☐ DIRECTOR ☐ PHYSICIA	V	L3 86
should be determent the State		22d. PHYSICIAN'S NAME (TYPE C Kevin M. Mi	ller MD		9000 Frankl	in Square Dri	ve 21237	
of self and A		BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
	74 5	Burial	6/26 /86	Sacred	HeartofJesu		Balto.  • REGISTRAR'S SIGN	Maryland
OM 7/84		onnellyFunera	alHome 300M	aceAve.	21221 J	UN 27 1986	I REGISTRAR S SIGN	INTUKE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

SIENE	Ó	-	6	Ü	ś	
	REG. NO.					

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o.	100	
		EASED NAME FIRST  OR PRINT;  Miles G	MIDDLE	1	LAST	June 21.	MONTH DAY	YEAR 2	2:52P M
	3. SEX		4 RACE	5. DATE O	OF RIDTH	6. AGE (IN YEARS LAST BIR		RIVEAD	IF UNDER 24 HRS
/	J. JLA	Male	White		ch 15 1929	57	YRS		HOURS MIN
1	Noi	THPLACE (STATE OR FOREIGN CTN Carolina	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE	- buad	Baltimore city o	County	ATH	MD.
1	I	Y OR TOWN OF DEATH Baltimore	II NAME OF HOSPITAL, NURS	quare		Bosun Fomate	e rist No	STRCC Guar	rdbr
7	13c. S1	Pa. Lei	other institution give residence before its of the other institution give residence its of the other instit		YES NO	HUSTPERT ADDRESS	718 CODE Gr	eent 1842	cown, P
7	14 FA1	THER'S NAME QUINCY	Godwin <sup>AST</sup>		Carrie	MIDDLE		ANUI	
2			MED FORCES? 16b SOCIAL SEGENT 405-52		Shirley L	Godwin Gi	ss 2 Box teentown	3781 1,Pa	P 18426
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	OUENCE OF ISCOULANCE OF Arter	y disease	inal disease or coni	DITION GIVEN IN 1	PART 110	
	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE IN CERTIFYING C		
/	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE		19	216. HOW INJURY OCCURR 216. LOCATION STREET	RED (ENTER NATURE OF INJUS CITY OR 10:		PART 2)	STATE
		22a. I certify that (I) (this hospi saw the deceased alive on shave, if (a 1 lady) did not The SIGNATURE	tal) ottended the deseosed from June 21	86	21 10 86 nd that in (i) (our) opinion of DEGREE ATTENDING PHYSICIAN F	to June 2	22s	om the co	
		14.L. Frydenbo		1	9000 Frankl		100	237	

(VRA 15, 4)

- 16 60M 7/B4

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

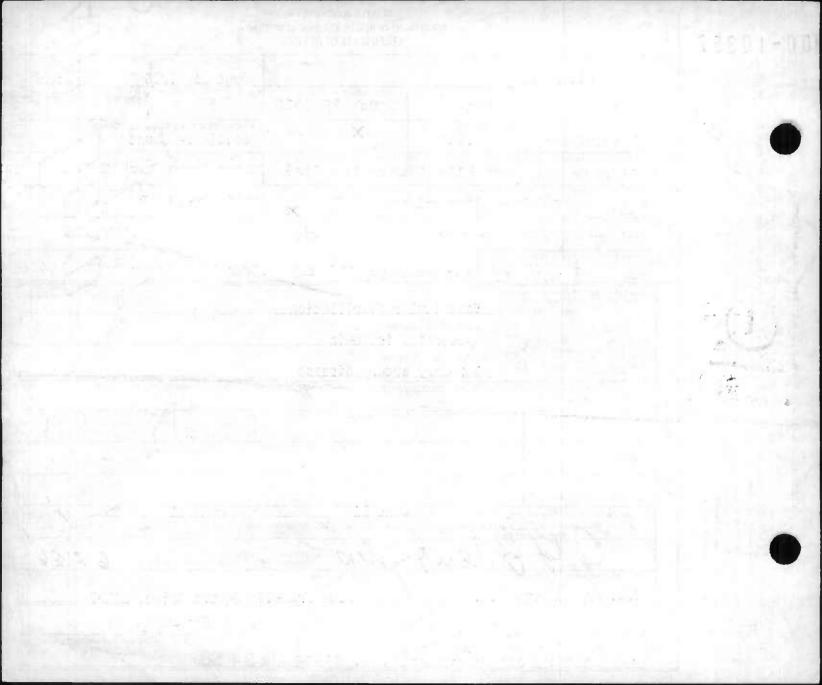
23b. DATE

6/24/86

23c NAME OF CEMETERY OR CREMATORY Woodlawn Mem. Ce Cem Removal 6/24/86 WOOGIAWI 6/24/86 Removal 6/24/86 Removal 10/24/86 Removal

236 LOCATION ATTEntown, Panix

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SEC



## to RunERAL DIRECTOR (hould be detached for or with the State Dept. of Ha

MPORTANT, II he

DHMH - 16 60M 7/84

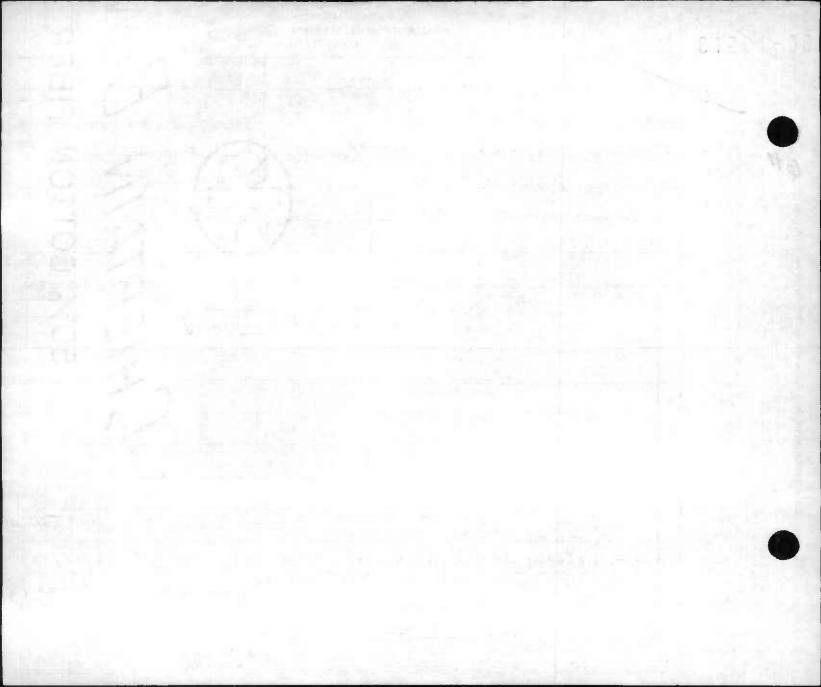
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

FOR STATE REGISTRAR			HEALTH AND MENTAL H	IYGIENE B O	160	
1. DECEASED NAME FIRST	MIDO	ıE	LAST	20 DATE OF DEATH		2b HOUR
The country Plane	od W	C	olliday	Tuno	20, 1986	
Elwoo	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
	777	MON		. 01	MONTHS DA	YS HOURS MIN.
Male 70. BIRTHPLACE (STATE OR FOREIGN	7b CITIZEN OF WH	AT COUNTRY? 8	15 1905	9 BALTIMORE CITY O	PR COUNTY OF DEATH	
COUNTRY	0.000	MARR	ED NEVER MARRIED	_		
Virginia O CITY OR TOWN OF DEATH	U.S.A.		OR OTHER INSTITUTION	☐ Baltimore		D OF BUSINESS OR
WALES AND THE PARTY OF BEATT		CILITY, GIVE STREET ADDRESS]	OK OTTIEK INSTITUTION	TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTI	
Dundalk	205 Bays	ide Drive		Constructi	on	100
LEMAL RESIDENCE (IF NURSING HOM	OUNTY 13c	CITY OR TOWN	13d. INSIDE CITY LIMITS	2 138 STREET ADDRESS	/ ZIP CODE	
	ltimore	Dundalk	YES NO XX	205 Baysid	e Drive	21222
IA FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME		LAST
Phillip	Go	olliday	Margare		Goll	liday
160 WAS DECEASED EVER IN U.S.  (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS 2901 Ceda	arcrest Av
		213-09-2203	Elwood G. (	Golliday		MD. 21219
CAUSE OF DEATH IENTER PART I. DEATH WAS CAU IMMED  Conditions, if any, which gave rise to immediate cause ioil, stating the underlying couse lost	DUE TO, OR AS	fasfafii ( s a consequence of	toremena o	of the lung		ROXIMATE INTERVAL IEN OMSET AND DEATH
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		RIBUTING TO DEATH BU		200 AUTOPSY?	206 IF YES, WERE FIN CERTIFYING CAUS	IDINGS USED
210. ACCIDENT WAS UNDERLYING				URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
	DEATH	MONTH DAY YEAR				
21d. INJURY OCCURED	21e PLACE OF		21f LOCATION STREET	CITY OR TO	Own County	STATE
220.1 certify that (1) (this he saw the deceased alive above, (throwe) (dich) (dich) 22b SJGNATURE	an 6 (1)	er death.	ond that in (aur) apin	on death accurred an the d		that the course stated
forty Co In	levis, do (	ov. dike Port	PHISICIAN	DIRECTOR PHYSIC		120/86
LA RRY WAY  A CHAEL	URIELL, A	0	The ADDRESS ESI	ENSTERNA	UE, BALT.	dD. 21224
23a. BURIAL, CREMATION, REMOV			CEMETERY OR CREMATO	23d LOCATION	COUNTY	STATE
Burial	6/23/19	86   Sacred	Heart of Je		Baltimore	Maryland
24 FUNERAL DIRECTOR Duda-	Ruck, Inc.	ADDRESS	25a	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	NATURE
7922 Wise Avenue			21222	JUN 25 1986	مان الله الله	m. Admaste



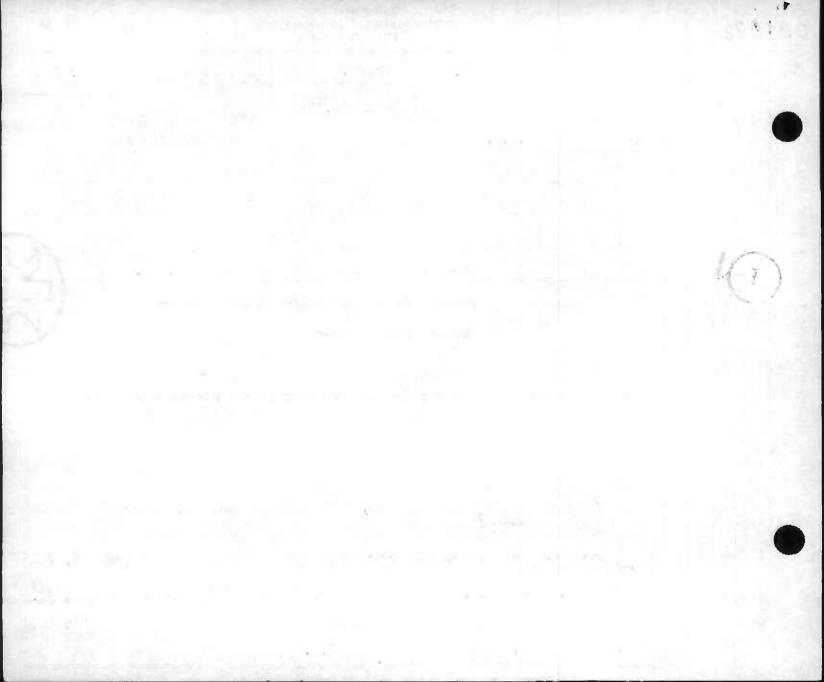
0	016	)46	4
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or oftending oblysician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending reviewed in completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon meets are along 2 should be filled within 72 pours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or reminish	IMPORTANT. If Hem 21 is marked or Hem 18 shows any injury, or other troumatic emergence may be noticed of and

S	T	A	TE	01	M	AR	YL	AN	D
DEPARTMENT	n	E	MC	AI	TH	AI	d D	88.0	M

	- 2	6	13	Page .	1
Ó	-1	0	19	-	-
REG. NO.					

1-	FOR STATE REGISTRAR				HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 6	10.	6 0	5 6
	CEASED NAME FIRST MAT	RGARET	W.		DHART	June 24.		DAY YEAR	3:45 A,
3 SE	X	1. RACE		DATE (	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	
10	Female	White		Aug	ust 19,1910	75	YRS	DNIHS	HOURS MIN
lar	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	DIVORCED	9 BALTIMORE CITY Baltimo			M
Car	ITY OR TOWN OF DEATH	Summit	Nursing t	lome	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired	ION	12h KIND (	OF BUSINESS OF
Mar		or other institution inty	GIVE RESIDENCE BEFORE AT 13. CITY OR TOWN Catonsvil	le le	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP GODE ng Oak	s Way	21228
	ATHER'S NAME FIRST Oscar	MIDDLE	Seile		15. MOTHER'S MAIDEN NAME FIRST Martha	MIDDLE		Matz	ke
16a V	NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16h SOCIAL SECURI 213-28-26		Betty Woodar	2907°† id Atlant	ree Loic, GA	dge Pa • 303.	rkway 38
CERTIFICATION	PART 2 OTHER SIGNIFICANT  Prain damage  190 DATE OF OPERATION	secondar	y to card	iac	NOT RELATED TO THE TERM  Arrest and cer  ON WAS PERFORMED	INAL DISEASE OR COM rebral vaso 200 AUTOPSY?	20b. IF YES.	EN IN PART 10 CCICEN WERE FINDI	NGS USED
-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  LIFELTHER NOTIFY MEDICAL EXAMIN		M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	YES NO	YES		NO []
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C		w ETC )	211 LOCATION STREET	City OR TO	OWN	COUNTY	STATE
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n		Deceosed Holli		nd that in (my) (our) apinion (	to june 2 deoth occurred on the c	lote and hou		
	22b SIGNATURE	30	Lowe	n	ATTENDING PHYSICIAN	MEDICAL STA		June.	24, 198
	James E.	Rowe M	.D.			nonwealth A	venue,	Baltim	ore 21238
(	BURIAL, CREMATION, REMOVA Burial	23b. DATE 6/27/			EMETERY OR CREMATORY  I Memorial Par			COUNTY	Marylan
14 Ft	uneral director 220 greem. & Russe 330 Edmondson A	ell C. Wi venue, Ca	tzke Funer tonsville.	ial	Homes P. A. JU	N 25 1986	250 REGISTR	RAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)



1	4	FOR T.II	. 6/24/8	o Kam		OF MARYLAND EALTH AND MENTAL HYG	IFMF	1 1 1 1 1
10309	1 -	STATE REGISTRAR		DEPAR		CATE OF DEATH	8 6 REG. NO.	0031
deoth deoth		CEASED NAME OR PRINT) And	rikst.	WIDDLE		PIL PIL	6-24-86	DAY YEAR 26 HOUR
s offer d	1. SEX	emale	4 RACE .	ite	July	30, 0AY 1899 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOR	76 CITIZEN	OF WHAT COUNTRY	Y? B. MARRIED WIDOWE	DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH County OBaltimore
8	C	SA 140		OF HOSPITAL, NURS SUCHEACILITY, GIVE STRE	ING HOME O	ROTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  HOMEMAKET	126 KIND OF BUSINESS O
15 35	13a S	AL RESIDENCE (IF NURSING TATE 13 ryland	home or other institution COUNTY Baltimore	13c. CITY OR TO	WN I	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE 415 Hopkins Ro	ad 21212
ond 2 sm	14. FA	THER'S NAME Jacob	WIDOFE	Rihm		15. MOTHER'S MAIDEN NAM Mathilda		LAST
Poges (	16a W	VAS DECEASED EVER IN ES NO OR UNKNOWN) (	U.S. ARMED FORCES			J.K.Smith 13	ADDRESS 56 Deanwood Rd.	21234
noopers novol.		18 CAUSE OF DEATH	Enter only one couse			Hemorrhage		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ro burio	NOIL	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO	O DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	/EN IN PART TIO
prior	CA	198 DATE OF OPERATIO	I 19b. COM	NDITION FOR WHIC	H OPERATION	WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Hygiene 18 shows	AL CERTIFICATION	21a. ACCIDENT WAS UNDER	YING 21b. TIMI USE OF DEATH HOUR	OF INJURY A.M. MONTH	DAY YEAR		IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \begin{array}{cccccccccccccccccccccccccccccccccccc
Shows	MEDICAL CERTIFICAT	21a. ACCIDENT WAS UNDER	SE OF DEATH HOUR EXAMINER)  216. PLA	OF INJURY	DAY YEAR		YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \begin{array}{cccccccccccccccccccccccccccccccccccc
or use as the burial-transit per f Health and Mental Hygiene I is marked or Item 18 shows		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOTIFY WHILE AT WORK AT WORK  22g.1 certify that (1) (1)	21b. TIMI SE OF DEATH EXAMINER)  21e. PLA (AT HOME	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE	DAY YEAR 19 E. FARM ETC )	211. HOW INJURY OCCURR 211. LOCATION 51REE1	YES NO NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?  S NO PART 1 OR PART 2)  COUNTY STATE
DIRECTOR: After this certificate has oached for use as the buriol-transit per Epot, of Health and Mental Hygene If them 21 is marked or them 18 shows		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOTIFY WHILE AT WORK AT WORK  22g.1 certify that (1) (1)	21b. TIMI SE OF DEATH HOUR 21b. TIMI HOUR (AT HOME	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE	DAY YEAR 19 E. FARM. ETC 1	211. HOW INJURY OCCURR 211. LOCATION STREET	YES NO NO NIN CERTING YES NO NO NIN CERTING YES NIN CERTING YES NO NIN CERTING YES NIN CERTING YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? FS NO PART 1 OR PART 2)  COUNTY STATE
ERAL DRECTOR: After this certificate hos edetached for use as the buriol-transit per State Dept. of Health and Mental Hygene.  INT: If them 21 is marked or them 18 shows		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the deceosed obove. (I) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAM	YING 21b. TIMI HOUR SE OF DEATH HOUR EXAMINER)  21e. PLA( (AI HOME is hospital) attended olive on (did not) view the ba	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE	DAY YEAR 19 E. FARM. ETC 1	211. LOCATION STREET  , 19 d that in (my) (our) opinion in	VES NO NO YES  RED (ENTER NATURE OF INJURY IN 11EM 18 I  CITY OR TOWN  deoth occurred on the date and how  MEDICAL STAFF DIRECTOR   PHYSICIAN	S, WERE FINDINGS USED PYING CAUSES OF DEATH?  S NO  COUNTY STATE  19 , that (I (we) low or and from the causes stated)
ORTANT: If Hem 21 is morked or them 18 shows	WEDICAL WEDICAL	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the decessed obove, (1) (we) (did 22b, SIGNATURE 22d. PHYSICIAN'S NAM	YING 21b. TIMI SE OF DEATH EXAMINER)  21e. PLAC (AT HOME  is hospital) attended olive on (idid not) view the bo	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE the deceosed from dy ofter death.  19.	DAY YEAR 19 E. FARM EIC 1  On  On  ON  NAME OF CI	211. LOCATION STREET  , 19 d that in (my) (our) opinion of PHYSICIAN  22e ADDRESS	VES NO NO YES  RED (ENTER NATURE OF INJURY IN 11EM 18 I  CITY OR TOWN  deoth occurred on the date and how  MEDICAL STAFF DIRECTOR   PHYSICIAN	S, WERE FINDINGS USED FYING CAUSES OF DEATH?  S NO  PART 1 OR PART 2)  COUNTY STATE  19 that (It (we) low on the couses stated  22c DATE SIGNED

20	J
MARYLAND2	t
BALTIMORE,	
PRESTON ST.	
201 W.	
DIVISION OF VITAL RECORDS.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the haspital as attending physician.

00-09864

	1 DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH	REG. NO		FAR 2b HOUR
		OR PRINT)	MYRTLE		A .		RIFFIN		6 18 186	20. 1100K
	3 SE)	Female		RACE Whit		S. DATE C	5,1905 FEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	U . 10/1
dt once	- 0	RTHPLACE (STATE O	R FOREIGN 7	USA	WHAT COUNTRY?		XNEVER MARRIED	9 BALTIMORE CITY OF BALTIMORE CO	COUNTY OF DEA	тн
Confiled	10. CI	TOWSON	EATH 1		HOSPITAL, NURSIN HEACHITY CIVESTREET R BALTIMORE	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	DN 12b. KI WORKING LIFE) INDU:	IND OF BUSINESS
omeg be	13a. S	AL RESIDENCE (# NU STATE LTy land	136 COUNT	other institution. TY Lmore	GIVE RESIDENCE BEFORE  13. CITY OR TOW  COCKEY	N .		13.STREET ADDRESS / 1 Firefly	ZIP CODE Circle	
xomine	14 FA	J'85hn	7	ADDLE	Young	g	is mother's maiden nam Annie	T widdle	Pe	eńtz
e medical		VAS DECEASED EVE (ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166. SOCIAL SECU 213-18-			1090 ADDRE	Linthic Schoo	um, Md.  Lane  PPROXIMATE INTERVA WEEN ONSET AND DE
>			IMMEDIATE	E CAUSE (a)	CARDIORESP	TIVATOR	1 ANNLS1			
r, ar ather traumatic e		Conditions, if an gove rise to in couse (a), statunderlying cour	nmediate ting the se last.	(c)	R AS A CONSEQUE HYPOXIA  R AS A CONSEQUE SEVERE PULM  DITRIBUTING TO D	ENCE OF 10NARY		INAL DISEASE OR COND	DITION GIVEN IN PA	RT lia
aws any injury, ar ather traumatic e	TIFICATION	gave rise to in couse (a), stat underlying cou	nmediate ting the se last.	DUE TO, OI	HYPOXIA  R AS A CONSEQUE SEVERE PULM ONTRIBUTING TO E	ENCE OF 10NARY DEATH BUT	EDEMA  NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR CONE  200 AUTOPSY?  YES NO	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED
Item 18 shaws any injury, ar ather traumatic e	ICAL CERTIFICATION	gove rise to in couse (a), statunderlying court part 2 OTHER SK	mediate ting the se last.  GNIFICANT CO  ATION  NDERLYING   CAUSE OF DEAT  DICAL EXAMINER]	DUE TO, OI  COL  ONDITIONS CO  196 CONDI  216. TIME OHOUR A.  P.	HYPOXIA  R AS A CONSEQUE SEVERE PULM  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURE	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
irked ar Item 18 shaws any injury, ar ather traumatic e	MEDICAL CERTIFICATION	gove rise to in couse (a), statunderlying countrying country in part 2 OTHER SIGN 190 DATE OF OPER 210. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU	MERLYING DICAL EXAMINER)	DUE TO, OI  (c)  ONDITIONS CO  196. COND.  216. TIME O  HOUR A.  P.  216. PLACE	HYPOXIA  R AS A CONSEQUE SEVERE PULM  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?  YES NO ENTER NATURE OF INJUR	20b. IF YES, WERE FIN CERTIFYING CA YES  YIN ITEM 18 PART LOR PA	INDINGS USED USES OF DEATH? NO
Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic e		gove rise to in couse (a), statunderlying counderlying counderlying counderlying DATE OF OPER  216. ACCIDENT WAS U OR CONTRIBUTING FETTHER NOTIFY ME 21d INJURY OCCU WHILE NOT AT WORK NOT A LW 220.1 certify that ( saw the decement	Mediate ling the se last.  GNIFICANT CO  ATION  NDERLYING  CAUSE OF DEAT  DICAL EXAMINER]  RRED  WHITE  CORK  CITY (1) (this haspital  assed alive on	DUE TO, OI  (c)  ONDITIONS CO  19b. COND  21b. TIME O  HOUR A.  21e. PLACE (AT HOME, STE	HYPOXIA  R AS A CONSEQUE SEVERE PULM  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA  M.  OF INJURY REET, FACTORY, OFFICE, F  IT deceased from	OPERATIO  AY YEAR  19  ARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURR  21l LOCATION  STREET  19.86  Ind that in (my) (our) aprinion of the content	200 AUTOPSY? YES NO CITY OR TOVE  TO 6/  death occurred on the do	20b. IF YES, WERE FIN CERTIFYING CA YES   YIN ITEM 18 PART I OR PA  VN COUN  19 86  te and hour and fro	INDINGS USED USES OF DEATH? NO []  ITY STAT
RTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic e		gove rise to in couse (a), statunderlying couse (b). Statunderlying couse (b) DART 2 OTHER SKI	ATION  ATION  DERLYING   CAUSE OF DEAT DICALEXAMINER   CORK  US   CAUSE OF DEAT DICALEXAMINER   CORK  DICALEXAMINER   CORK  ATION  ATIO	DUE TO, OI  Co ONDITIONS CO  196 CONDI  196 CONDI  196 CONDI  216 TIME O HOUR A. P.  216 PLACE (AT HOME, STE	HYPOXIA  R AS A CONSEQUE SEVERE PULM  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA  M.  OF INJURY REET, FACTORY, OFFICE, F  IT deceased from	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION  211 LOCATION  TREE1  19.86  Indication (my) (our) opinion of the companion of the comp	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WERE FIN CERTIFYING CA YES  YES  YOUNGED YOUNGED THE OND HE	INDINGS USED USES OF DEATH? NO []  81 2)  Ty STAT
MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic e	MEDICAL	gove rise to in couse (a), statunderlying couse (b). Statunderlying couse (b) DART 2 OTHER SKI	MERLYING DICALEXAMINER) RRED WHILE DICALEXAMINER) RRED WHILE DICALEXAMINER) ROOK WHILE DICALEXAMINER OOK WHILE DICALEXAMINER OOK WHILE DICALEXAMINER NAME (TYPE OR L. HOWAF	DUE TO, OI  (c)  DUE TO, OI  (c)  19b. CONDITIONS CO  19b. CONDITI	HYPOXIA  R AS A CONSEQUE SEVERE PULM  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA  OF INJURY REET, FACTORY, OFFICE, F  et deceased from  ofter death.	OPERATIO  AY YEAR  19  ARM. ETC.)  86	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION  211 LOCATION  STREET  19.86  Ad that in (my) (our) opinion of the company of the comp	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WERE FIN CERTIFYING CA YES  YES  YOUNGED YOUNGED THE OND HE	INDINGS USED USES OF DEATH? NO []  81 2)  Ty STAT

DHMH - 16 60M 7 (VRA 15, 4)

BP

230 BURIAL, CREMATION, REMOVAL

Burial

6/23/86

Leroy M. & Russell C. Witzke Euneral Homes P.A. 250. DATE 1630 Edmondson Avenue, Catonsville, MD. 21228

FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARY LEALTH AND ICATE OF	MENTAL HYG	IENE 8	REG. NO.	1	6 0	5	9
DECEASED NAME	FIRST		MIDDLE		AST		20 DATE OF	DEATH MON	TH DAY	YEAR	25 HO	UR
	JOHN	I	WILLIA	И	GROG	GG .	Jun	e 20,	1986	7.	18	AM
3. SEX		4. RACE		5. DATE C		WE A D	6 AGE INYE	ARS LAST BIRTHDAY		UNDER I YEA		R 24 HRS
Male		White				27,1917	68		YRS.			,,,,,,
	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED	9 BALTIMOR	E CITY OR CO	O YTNUC	FDEATH		
Maryland		u.s	.A.	WIDOWE	1/	DIVORCED [	Ва	ltimore	2 Co	unty		MD.
© CITY OR TOWN OF D		(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY GIVE STREET A	DDRESS)	OR OTHER IN	ISTITUTION		CCUPATION FOR MOST OF WO TIVET	RKING (IFE)	126 KIND INDUSTR M.T.		IESS OR
BUAL RESIDENCE (IF NO 30 STATE Maryland	136 COU Bal		GIVE RESIDENCE BEFORE 131 CITY OR TOWN Catonsvil		13d INSIDE	CITY LIMITS?	13e STREET A	DDRESS / ZIF Lang fo	cope ord R	load	2120	7
FATHER'S NAME FIRST EMOTY	С	larence	Grog	19	15 MOTHE	R'S MAIDEN NAM Anna	WE	MIDDLE		Thor	ast 1pson	
60 WAS DECEASED EVE		RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORA	MANT		ADDRESS				
Yes	ww		214-26-7	805	Geor	ge Sousz	tek	Same o	us #	13		
18 CAUSE OF DEA PART I. DEATH	WAS CAUS		line for 101, (b), and		e d	faction	~			BETWE	XIMATE INTI	RVAL D DEATH
		DUE TO, OF	R AS A CONSEQUE	NCE OF		0						
Conditions, if or gove rise to it couse (o), sto underlying cou	mmediate ting the	DUE TO, OF	r as a conse <b>q</b> ue	nce of								
PART 2 OTHER SIG	GNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN	IN PART	lio	

23d LOCATION

Baltimore

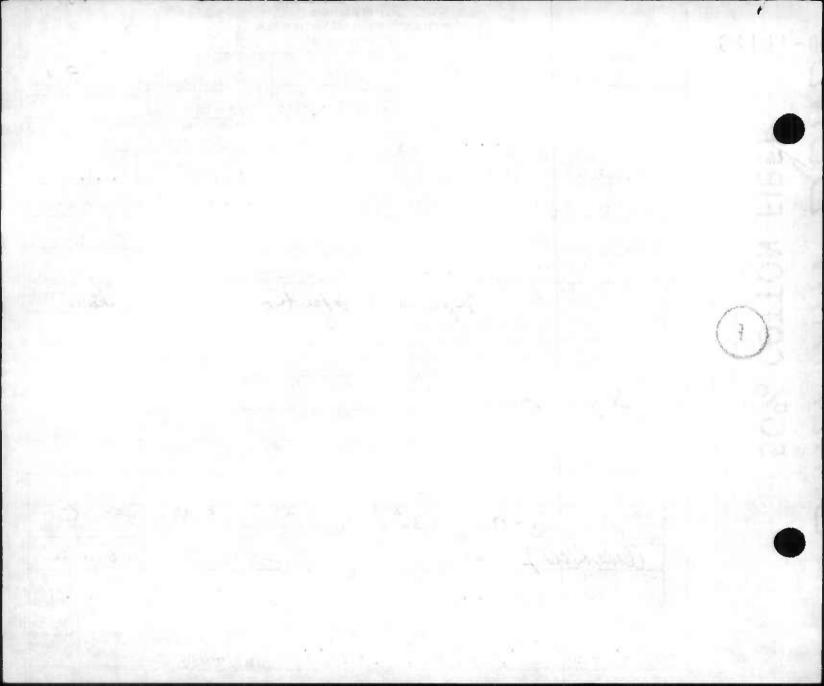
Maryland

-	700 000 11	214 (20 ,1003	occorige som	JACEIC SWIII	C 003 1. 13
	18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B		I Safacet	47~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(c)			
NO	PART 2 OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	rminal disease or con	IDITION GIVEN IN PART 110
CERTIFICATION	19a DAT OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
-	2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	22a I certify that (I) (this hospital) sow the deceased alive a	6-17 19 86 ar	. 17	n death occurred on the d	ote and hour and from the causes stated
	Carle Ryla	2 00	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
	22d. PHYSICIAN'S N. ME INTO Charles Gra	iham M.D.	220. ADDRESS 299 Frede	erick Avenue	, Catonsville, MD. 2122

23c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)



thin 24 hours ofter

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

lor, page 3 after death

injury, or other troumatic event, #

shauld be detached for use as the burial-transit permit. Then please remove corbon apper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is marked or them 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	U	0	63
NO				

L	- STATE REGISTRAR			TIFICATE OF DEATH	B O REG. N	0.				
	DECEASED NAME FIRST TYPE OR PRINT)  SAME		J. (	QUERCIO	/	MONTH DAY	86 1:40 Am			
3.	MALE	4 RACE WH.		TE OF BIRTH ONTH an. 15,1910 EAR	6 AGE (IN YEARS LAST BIR)	THDAY) IF U	NDER I YEAR IF UNDER 24 HRS			
12	Colorado	USA	WIDO	RRIED NEVER MARRIED DOWNED	9 BALTIMORE CITY O Baltimo	or County of Coun				
1	Towson	(IF NOT IN SUCH	Josephs Ho	_	12a USUAL OCCUPATION OF COMPANDER OF WORK FOR MOST CO		26 KIND OF BUSINESS OR NOUSTRY Grocery			
10	SUAL RESIDENCE (IF NURSING HOME OR BO. STATE PAR COUNTY MARY LAND	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISS 13( CITY OR TOWN Baltimore	ion) 13d. Inside City Limits? YES XX NO	13e. STREET ADDRESS 1127 Ho	ollen Rd	. 21212			
6	Joseph J. Guero	NDDLE 10	LAST	15. MOTHER'S MAIDEN NA ROSE Ca	arnegio MIDDLE		LAST			
100	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GVE YES	MED FORCES? WAR OR DATES)	212-03-3917		ADDRE Guercio	Same				
147	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR	AS ACONSEQUENCE O	NSIVE +	ASCUA MINAL DISEASE OR CON	4-5	Yes N PART 1(g)			
TIESC ATIO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO				
Menical Cen			19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2)				
Men	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	DE INJURY ET, FACTORY, OFFICE, FARM, ETC	7 00 /	STREET CITY OR TOWN COUNTY STA					
	22a I certify that (I) (this haspital) attended the deceased from 2 FEDECAL 19 60, to 6/5, 1986, that (I) (we) last saw the deceased alive an above. (Figure) (did) (did pair view the bady ofter death.									
	224 PHYSICIAN'S NAME (TYPE OF	Th	becer	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI	FF IAN 🗆	272. DATE SIGNED / 8 G			
	CHARLES F.	MIA	NNEIL	7501 VOA	ek RD.	1 ow.	4. 4			

BP.

DHMH - 16 60M 7/73 (VR A 15 (4))

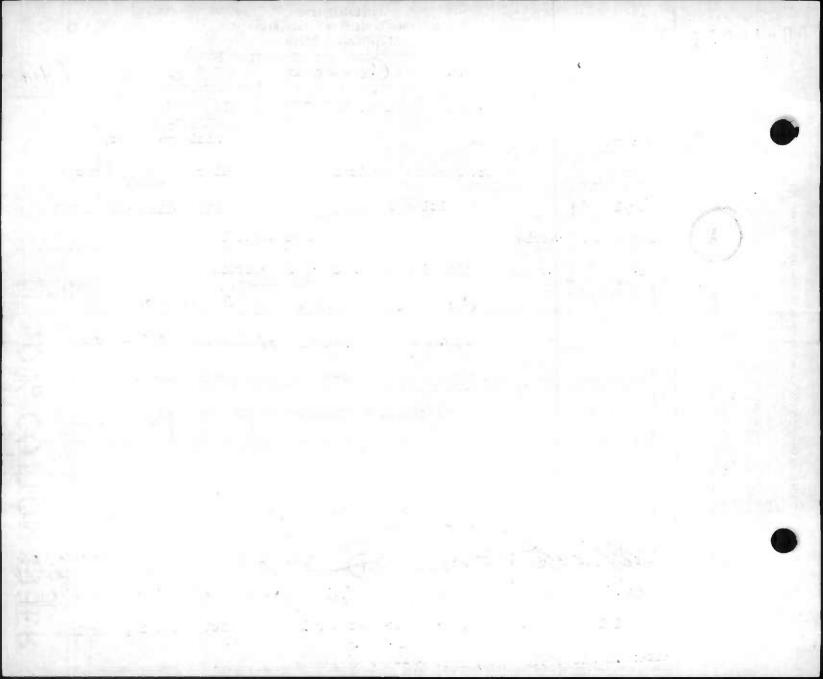
230. BURIAL, CREMAT (SPECIFY) Burial CREMATION, REMOVAL 23b. DATE June 19,1986

231. NAME OF CEMETERY OR CREMATORY New Cathedral

STATE

ATORY 23d LOCATION CITY OF TOWN Baltimore City, Maryland 25g DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR
ADDRESS 6500 York Rd.
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212



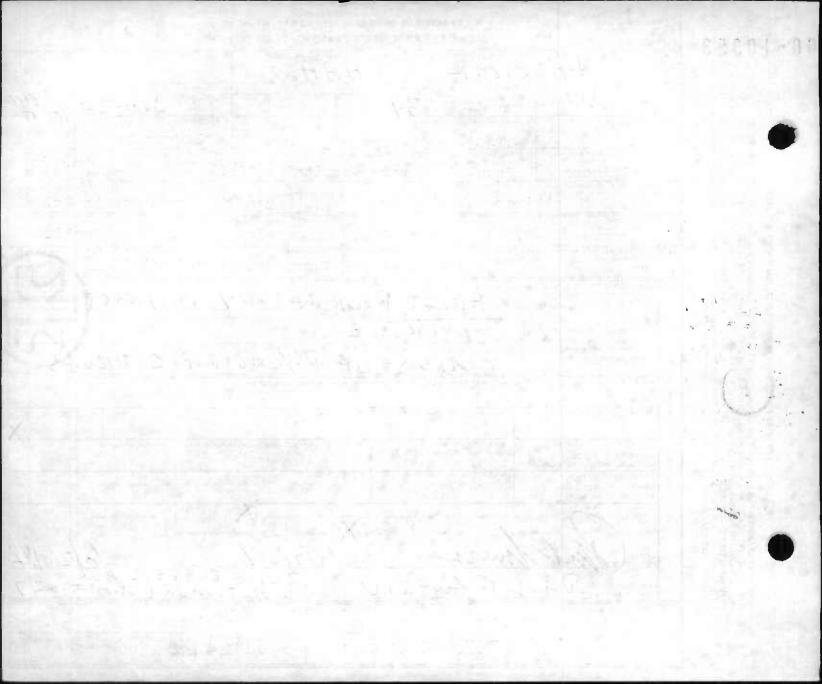
0-09757	1	FOR - STATE REGISTRAR		DEP		EALTH AND MENTAL HY	YGIENE 8	6 I	6 0	6
		ECEASED NAME FIR	S1	MIDDLE	l.	AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
ay be			llian A	ANN	GULDAN		lune	16 1986		5 : p <sub>M</sub>
Tr. po	3 S	EX	4. RACE		5. DATE C		6 AGE IN YEAR	S LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
oge v	K	FEMALE	WH		04	07 1924		62 YRS		
E 2 2 E	3 10	BIRTHPLACE (STATE OR FOREIC		WHAT COUN	TRY? 8 MARRIE	NEVER MARRIED		CITY OR COUNTY		
	) W	VIRGINIA	USA	HO SPITAL AN	WIDOWE	D DIVORCED DIVORCED	Baltim		inty	MD.  OF BUSINESS OR
1115	1		(IF NOT IN SU	CH FACILITY, GIVE S	TREET ADDRESS)		TYPE OF WORK FO	OR MOST OF WORKING LI	FEI INDUSTRY	
2 1 12		OSSVILLE  JAL RESIDENCE (IF NURSING H	ME OR OTHER INSTITUTION	LIN SI	QUARE	HOSPITAL	I HOU	SEWIFE	I HOM	1237
The state of the s	5 130	MD 13t	BALTO	13c. CITY OR RO	SEDALE	138 INSIDE CITY LIMITS?		PRESS ZIP CODE HAMILTO	WNE CI	RCLE
d with	7	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE	LA	LST.
A B G CO	1	CARL		SALY				ADDRESS		
MORE, ond or Poges	160		YES, GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT				
ALTIM te be rers. Pe	-	NO	n/a	23440		JAMES S.	GULDAN	2334 H	AMITITO	WNE CIR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death certificate be executed within a cutending physicion.  The this certificate has been signed by the attending physicion and completely lillie os the buriol-transit permit. Then please remove carbonopers. Pages 1 and 2 should then demote the many or removal.  The control Hygiene prior to burial, cremation, or removal.		Conditions, if any, wh gove rise to immedia couse (o), stoting to underlying couse la	DUE TO, C	DR AS A CONSI Lympho DR AS A CONSI	EOUENCE OF	Arrest	rminai disfase (	DR CONDITION GIV	VEN IN PART 1	
cen signer to b	NOIT	19a DATE OF OPERATION				N WAS PERFORMED	20s AUTOP		S, WERE FIND	
TAL REC The fow cron. The hos be sist permi	CERTIFICATION	176 DATE OF OVERATION	17.0		THE TOTAL TO	TO TEM OWNED		IN CERTI	FYING CAUSE	S OF DEATH?
AN: JAN: physical fricati		210. ACCIDENT WAS UNDERLY			DAY YEAR	21¢ HOW INJURY OCCL	JRRED (ENTER NATUI	RE OF INJURY IN ITEM 18	PART I OR PART 2)	
PHYSICIAN: tending physic this certifical the buriol-tran and Mental Hy	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	FICE FARM, ETC	211 LOCATION STREET	(	LITY OR TOWN	COUNTY	STATE
a esot		1220.1 certify that (X (this	haspital) attended t	he deceosed fr	om Febru	ary 25 19 86	to June	2 16	19-86	that <b>X</b> (we) last
K ATTEN hospitol RECTOR hed for us ten 21 is	+	sow the deceased all abave, (K (we) (did) (	de on June	y ofter death.		nd that in (m) (our) opinio	in deoth occurred o	an the date and hou		causes stated
the Destroy		Virginia	. Les	Way M		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	6/1	6/86
TO HOSPITA retoined by TO FUNERA should be do with the Sto		220 PHYSICIAN'S NAME	a Ash	ley		Franklin	Squa	ve Hos	pital	
5 € ₹ ₹ 3 <b>₹ 4</b>	230	BURIAL, CREMATION, REM	OVAL 23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATI		COUNTY	-VAII
BP	-	SPEBURIAL	4/10	/86	SACREI			гло,	BALTO	MD
	74	FUNERA DIRECTOR	1	,		25a D	ATE REC'D. BY REC	SISTRAR 256. REGIS	TRAR'S SIGNA	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4) TE OF MARYLAND

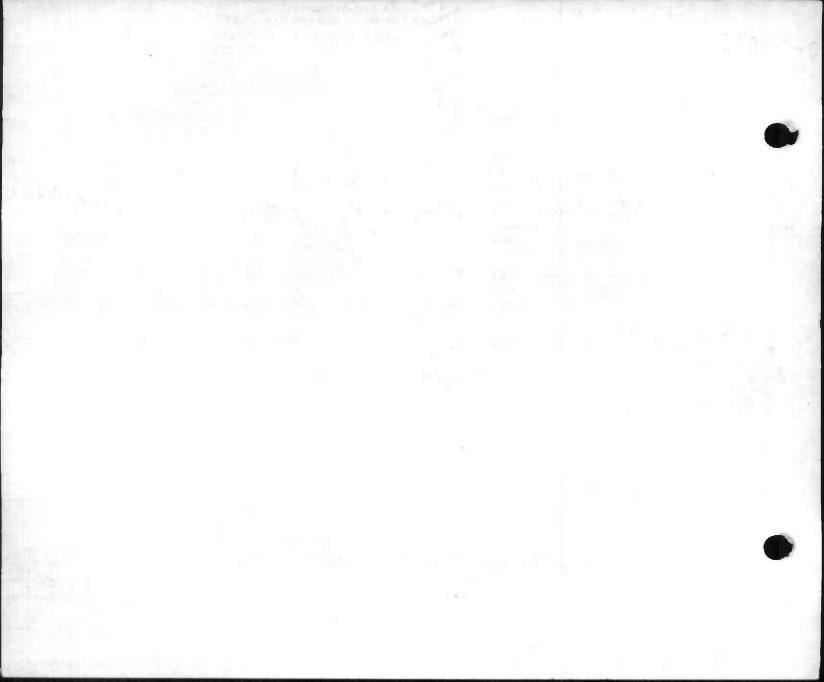
m 4		CEASED NAME	FIRST		MIDDLE	i.	AST	REG. N 20. DATE OF DEATH	MONIH (	DAY YEAR 2b. HOUR
deoth				RACE	C VAN	It DATE (	OF BIOXII	June 7, 1		10:00
effer. p	3. SEX	le		Caucasi	ian	5. DATE C	12, 1924	61 64	^	MONTHS DAYS HOURS
12 35	-	RTHPLACE (STATE ORFO		CITIZEN OF	WHAT COUNTRY?	0	D A NEVER MARRIED	Baltimore City C		
Mac	Wo	TY OR TOWN OF DEA		SIOI ME	CHEACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST) Truckdriv	OF WORKING LIFE	126. KIND OF BUSINES INDUSTRY Shipping
135	13a S Ma		13b COUNTY Balt	More Institution	GIVE RESIDENCE BEFOR  130 CITY OR TOW  WOODLAW	E ADMISSION) VN	134. INSIDE CITY LIMITS? YES NO 🔀		ZIP CODE	enue, 21207
030	Ja	THER'S NAME		DDIE	LAST		Anna FIRST	WIDDLE		Saunders
- Roger Peredical		VAS DECEASED EVER (ES NO OR UNKNOWN)		MAR OR DATES	218-18-		Kelly Rambo	, 764 Johan		
the figure of the state of the		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one couse per	r line for (o), (b), or	nd ic		- 11	P / 13	APPROXIMATE INTERVIBETWEEN ONSET AND S
by the attending ass remove carbo il, cremation, or re other troumatics		Conditions, if any, gove rise to imm couse (a), stating underlying couse	which mediate g the	DUE TO, O	Gastice DR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF	car cinema	c metertose	·	10 mos
een signed by the attending int. Then plants remove control rior to burnel, cremation, or in ny injury, or other transmitte.	ATION	Conditions, if ony, gove rise to imm couse (0), stofring underlying couse	which nediote g the lost	DUE TO, O  (b)  DUE TO, O  (c)  DUE TO, O	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TER	minal disease or con	NDITION GIV	EN IN PART TO
hos been permit T ene prior	TIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which nediote g the lost	DUE TO, O  (b)  DUE TO, O  (c)  DUE TO, O	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{YES} \) NO \( \text{XS} \)	20b IF YES	EN IN PART TO 5, WERE FINDINGS USED YING CAUSES OF DEATH S NO
icate hos been ronsit permit. I Hygiene prior i 18 strows any in	CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (0), stofring underlying couse	which nediote g the lost	DUE TO, O  DUE TO, O  DUE TO, O  Column 196 COND  216. TIME CO HOUR A.	OR AS A CONSEQUENT OF AS A CONSEQUENT ON TRIBUTING TO	ENCE OF  DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{YES} \) NO \( \text{XS} \)	20b IF YES	EN IN PART TO 5, WERE FINDINGS USED YING CAUSES OF DEATH S NO
ficate hos been tronsit permit T Hygiene prior 18 strows any in	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING C	which nediote g the lost	DUE TO, O  DUE TO, O  Color TO, O  Color TO, O  DUE TO, O  Color TO, O  Color TO, O  DUE TO, O  Color TO, O  Color TO, O  DUE TO, O  Color TO, O  Color TO, O  DUE TO, O  Color TO, O  Color TO, O  DUE TO, O  Color TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  Color TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  Color TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  DUE TO, O  DUE TO, O  DUE TO, O  Color TO, O  DUE TO, O  Color TO, O  DUE TO	OR AS A CONSEQUE ONTRIBUTING TO OUTTION FOR WHICH OF INJURY OM. MONTH D	ENCE OF  DEATH BUT  HOPERATIO  AY YEAR  19  FARM ETC.)	NOT RELATED TO THE TER IN WAS PERFORMED  21c. HOW INJURY OCCU  211. LOCATION STREET	ZOO AUTOPSY?  YES NO ARRED (ENTER NATURE OF INJURY)	206 IF YES IN CERTIF YE URY IN ITEM 18 P	EN IN PART TO 5, WERE FINDINGS USED YING CAUSES OF DEATH S NO
TOR: After this certificate has been an use as the burtol-transit permit or use as the burtol-transit permit of Health and Mental Hygiene prioritism is marked or them. It stows any in		Conditions, if ony, gove rise to imm couse (a), stoting underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTION C C C C C C C C C C C C C C C C C C C	which nediote g the lost WIFICANT CO	DUE TO, O  (b)  DUE TO, O  (c)  INDITIONS CO  196 COND  216. TIME CO HOUR A. P. 216. PLACE (AT HOME SII	OR AS A CONSEQUE  ONTRIBUTING TO  OPTINIURY  M. MONTH D  M. OF INJURY  REET, FACTORY, OFFICE  The deceosed from  The deceosed from	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  211. LOCATION	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO A  RRED (ENIER NATURE OF INJ  CITY OR TO	206 IF YES IN CERTIF YE URY IN ITEM 18 P	VEN IN PART TO  S, WERE FINDINGS USED  YING CAUSES OF DEATH  S NO   PART TOR PART 2)  COUNTY ST  1986. that (1) (4)
the hospital or attending physicion.  AL DIRECTOR: After this certificate has been etached far use as the buriol-tronsit permit the Dept. at Health and Mental Hygiene priorit. If frem 21 is marked or Item 18 staws any in		Conditions, if ony, gove rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING C CURR WHILE NOTIFY MEDIC  27a I NJURY OCCURR  27a I certify that (I)  sow the decease obove, (M-Cve) (d)  27b. SIGNATURE	which nediote g the lost  INFICANT CO  WEELVING   EAUSE OF DEATH  CALEXAMINER  RED  RED  RED  RED  RED  RED  RED	DUE TO, O  DUE TO, O  Let  DUE TO, O  Let  DIPPORT  196 COND  216 PLACE (AT HOME SIII  View the body	OR AS A CONSEQUE  ONTRIBUTING TO  OPTINIURY  M. MONTH D  M. OF INJURY  REET, FACTORY, OFFICE  The deceosed from  The deceosed from	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION STREET  19 22  nd that in (a) (our) opinion DEGREE  ATTENDING PHYSICIAN	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO A  RRED (ENIER NATURE OF INJ  CITY OR TO	20b if YES IN CERTIF YE URY IN ITEM 18 P	VEN IN PART TO  S, WERE FINDINGS USED  YING CAUSES OF DEATH  S NO   PART TOR PART 2)  COUNTY ST  1986. that (1) (4)
The hospital or attending physicion.  DIRECTOR: After this certificate has been oched for use as the buriol-transit permit Dept. at Health and Mental Hygiene prioritif them 21 is marked or them 18 stows any in		Conditions, if ony, gove rise to imm couse (a), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING COUR WHILE NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 21d INJURY OCCURR 22a I certify that (1) sow the decease obove, (44-(ve) Id	which nediote g the lost  INFICANT CO  WERLYING AUSE OF DEATH ALEXAMINER)  RED  RED  RED  RED  RED  RED  RED	DUE TO, O  DUE TO, O  Col  India To, O  India	OR AS A CONSEQUE  ONTRIBUTING TO  OPTINIURY  M. MONTH D  M. OF INJURY  REET, FACTORY, OFFICE  The deceosed from  The deceosed from	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION STREET  19  nd that in (CP) (our) opinion DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	TOO AUTOPSY?  YES NO STANDARD OF INJURED (ENTER NATURE OF INJURE)  10 10 10 10 10 10 10 10 10 10 10 10 10 1	20b IF YES IN CERTIF YE URY IN ITEM IS POWN	COUNTY ST

1,0152	outh, the		AAV	LED . 3 2D A	ξ,
on m 60	•	12, 1924	and duce	1880 10	210
	estate or estate.	X		.A.B.U	antige)
t on	govinokarri		ermayA vota	- AUL - 6	11182 O
tosis ,	clul Meadow Avente		.malecc!	ero. L. I.	niblit.
87300	nt/el	enu:		usafil	ch . Lers.
15172	Vol. Johann mive.	odmi ville	SJ (1-81-01S	II W	£97.

, and a police of the color



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN ESTI-(TYPE OR PRINT) J OF HALL THOMAS 1986 JR 11:08 DEATH MATED YOUR FILES. IN 72 HOURS STON STREET. 2d. HOUR 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 26. DATE PRONOUNCED YEAR LAST BIRTHDAY) 49 3 3 DEAD 1108 M YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Va BALTIMORE DIVORCED WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK LOPCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY LTIMORES USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d. INSIDE CITY LIMITS? 13a. STATE YES X Honore 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST AFTER DEATH SIVE PAGES TH FORM PA nomas T. PAGES 1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) GIVE ITEM 18. GIVE IAL - TRANSIT PERMIT. P MENTAL HYGIENE, DIN ON, OR REMOVAL. CAUSE OF DEATH (Enter anly one cause per line for (o), BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C BURIALlying couse lost. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION DECUTE THE CERTIFICATE, WRITING THE WORD "PE PACE 4. SHOUD BE FORWARDED TO THE CHIEF A TO TUNERAL DIRECTOR: PACE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE, BALLIMORE. MARYLAND, 21201 PRIOR TO BURIAL, ( 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? WORD' YES [] NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Natural causes Homicide Undetermined manner Accident ACTUAL DATE SIGNED SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY st Va. (SPECIFY)Buria 6/18/86 Pleasant Grove Meth Ch 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** March Funeral Home West 300 Wabash Avenue (VR A15 ME (5)) 15M 2/B0

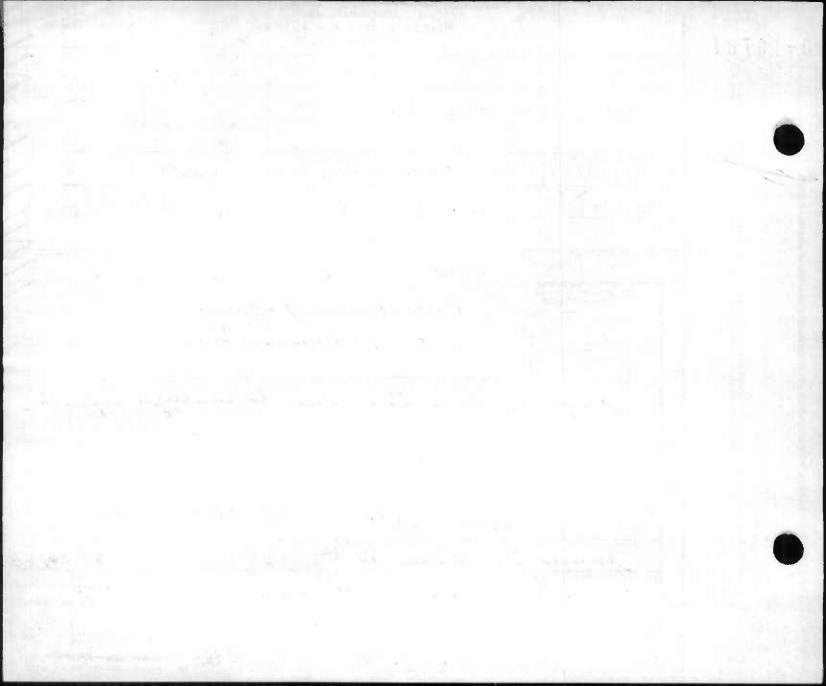


	death. Page 4 may be	the luneral director, page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	O HOSFILAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours with Page 4 may be required by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 includes be detached for use as the burial-transit permit. Then please remove carbon pages hand 2 should be filled within 72 hours after death with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

00-10781

	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF HI	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	L HYGIE	NE 8 6 REG. NO.	6 0	6 5
		CEASED NAME FIRST		DDLE		ST	2	a. DATE OF DEATH MONTH	DAY YEAR	26 HOUR 15
		Sara h		M		rkins			.986	12 M
	3. SEX		4 RACE		5. DATE O			AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
	1	Female	Caucas			9°^ 9°5'		86 <sub>YR</sub>		
15		RTHPLACE (STATE OR FOREIGN PA	USA	HAT COUNTRY	MARRIED WIDOWEI	NEVER MARRIED		Baltimore city or coul	e County	
1	6	atonsville				rother institution rsing Hot	me	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWILE	NG LIFE) 12b. KIND C INDUSTRY	F BUSINESS OR
8	USU/ 13a. S	RESIDENCE IF NO TRACE IN TAILE FOR THE PROPERTY OF THE PROPERT		ST. PE		13d INSIDE CITY LIMI YES [X] NO [		3. STREET ADDRESS / ZIP CO 465 North	ODE 19	treet
18	MFA	THER'S NAME FIRST	MIDDLE	LAST	***	15. MOTHER'S MAIDE FIRST	NAME	MIDDLE	LA:	ST
3	16a V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? E WAR OR DATES)	209-14		Mrs. Ba	rbaı	ADDRESS <i>l</i> ra Lynne Kel		lfonte ive
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	y ane cause per l D BY: E CAUSE (a)	ine for (a) (b),	and (c).)		0 -1	Linna	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	leme	DEATH BUT	NOT RELATED, TO THE	TERMIN	200 AUTOPSY? 20 IF	YES, WERE FINDING CAUSES	
T	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	10	MONTH	DAY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITEM	YES	NO []
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	PET, FACTORY, OFFIC	E, FARM, ETC )	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19								
		James E. R		M.D.				nwealth Aver	nue 2122	28
	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE 6-26-			ty Proce		234 LOCATION CITY OF TOWN Baltimor	re	Må.
84		UNERAL DIRECTOR		ADDRESS				REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNA	TURE
υ <b>4</b> :	Cr	remation Soci	ety of	Md.	Inc. B	alto Md	JUI	130 1986 June	i wavidoon l	jondens

DHMH - 16 60M 7/84 (VRA 15, 4)



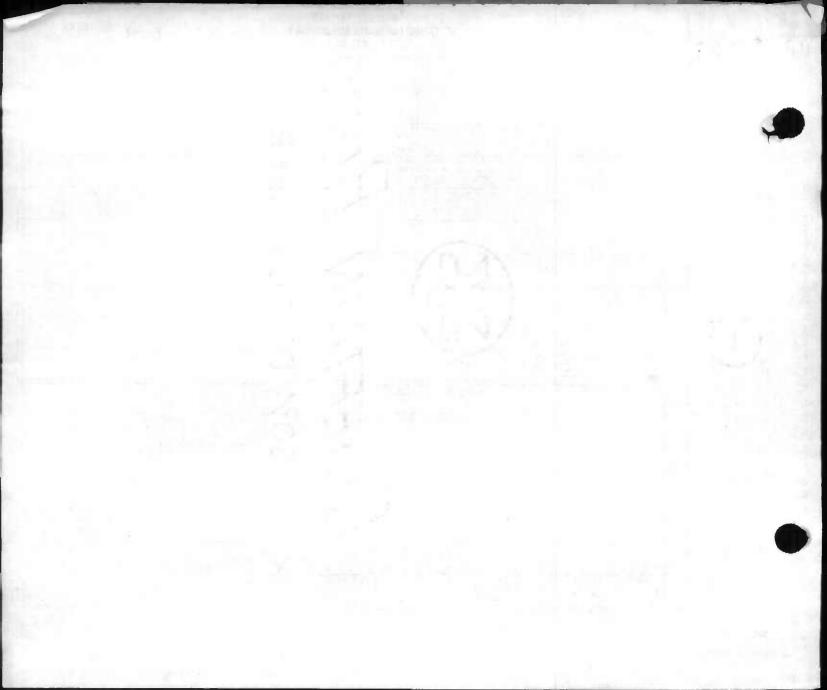
899

### STATE OF MARYLAND

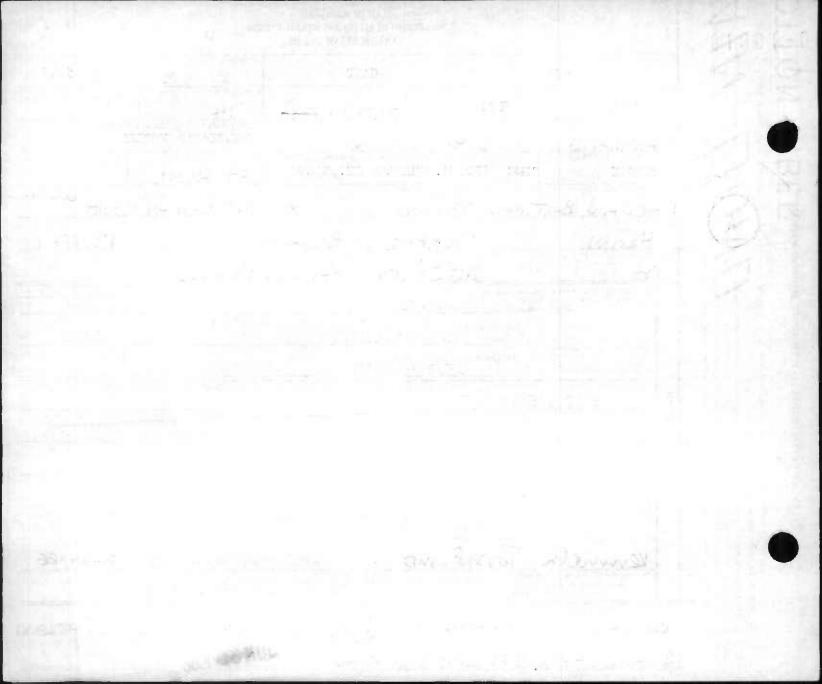
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
		CEASED NAME PIRST PHIL		G.	HARR	RIS	JUNE	7, 1986	OAY YEAR	2b HOUR	
	3 SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE III	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
		MALE	BLAG	CK	SEPT	1.19,1909	77	YRS		MIN.	
	Je BIF	OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR COUN	TY OF DEATH		
	MA	RYLAND	U.S.A	Α.	WIDOWE	DIVORCED	BALT	IMORE CO		MD.	
		ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AG  2335 SHEPPARD									
	13a S	138 6001	OTHER INSTITUTION LITY  IMORE	GIVE RESIDENCE BEFORE  130 CITY OR TOWN  MONKTON	V	13d. INSIDE CITY LIMITS	13e STREET 2335	ADDRESS / ZIP CO	D RD.	1111	
1	14 FA	THER'S NAME	MIDOLE	ŁAST		15 MOTHER'S MAIDEN	NAME	MIDOLE	LAS		
	G		HARRIS			ELIZABET	H A.	HARR	IS		
		AS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECUI	RITY NO.	17 INFORMANT	-	ADDRESS			
			N/A	216-18-	-0446	WILLIAM C	WENS 2	335 SHEP	PARD RO	DAD	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY	line for (a), (b), and	1//-	1995 ()	ancto		BETWEEN	MATE INTERVAL ONSET AND DEATH	
		IMMEDIAT	E CAUSE (a)		3.1	NIE O	07.00				
١		Conditions if any which	1	R AS A CONSEQUE	NCE OF						
		Conditions, if any, which gave rise to immediate couse to, stating the	b)			70.					
		underlying cause last	DUE TO, OF	R AS A CONSEQUE	NCE OF						
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	ASE OR CONDITION C	SIVEN IN PART 1	0	
	TION										
7	CERTIFICATION	19a DATE OF OPERATION	90 DATE OF OPERATION 196. CONDITION FOR WHICH (			N WAS PERFORMED	IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED OF DEATH?		
5		21a. ACCIDENT WAS UNDERLYING			Y YEAD	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEM 1	8 PART : OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DEA	119		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY OFFICE FA	PALETC )	211 LOCATION		CITY OR TOWN	COUNTY	STATE	
П	5	AT WORK NOT WHILE		ter. The Town Office Tr	mm. Ere j					25-16-70	
П		270.1 certify that (1) (this hospit		e deceased from		. 19	to		. 19	that (I) (we) last	
		saw the deceosed alive on above, (I) (we) (did) (did na	t i view the body	ofter death.	, ar	nd that in (my) (our) apir	nion death occur	red on the date and h	our and from the	causes stated	
1		226. SIGNATURE	1 1	P		DEGREE	C) MEDICA	CTAFE	221 DATE	SIGNED	
4		1000/	IN		My	ATTENDIN PHYSICIA	MEDICA DIRECTO	R PHYSICIAN	6-7	- 86	
		22d PHYSICIAN'S NAME IT A	NI)	1		22e ADDRESS		7		7	
		KARVEY SN	115 MM	L MD	PA	10 WAR			EYSVILLI	5 ms 2103.	
	0	URIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATO	CI	CATION ITY OR TOWN	COUNTY	STATE	
	-	RIAL	6/11	/86 M	[. J(				ID.		
	LE	ROY O. DYETT	4600	LIB. ADD HGI	HTS.		JUN 1	1986 Paris	Davidson-		
- 1							11 7 6	1300	1000	71	

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT, # III



	-2.1		Item # 5, Film (	G 620-10.24.86 ra DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	GIENE O &	6061			
0 - 1	0818 /		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
6	e 74 /		CEASED NAME FIRST ROSE	M	HÁRT		24 186 2b. HOUR 5:45am			
	ge 4 moy	3. SE:	FEMALE	4 RACE WHITE	5. PATE OF BIRTH DAY 1941	6 ACE HIN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
	deoth. Po	3	RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY U. S. A.	MARRIED   NEVER MARRIED   WIDOWED	BALTIMORE COUNT	TY MD.			
52	1 1 56		TOWS ON	GBMC TIM 6701 III NOVE SUCT	HARLES ST., BALTO	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12%, KIND OF BUSINESS OR INDUSTRY			
ANDA	1	130.5	ARYLAND BAL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO	NO STATE OF THE ST	14 TREEWAY	LOURT 21204			
MARYL	100		HEORY	MIDDLE MURP		MIDDLE	MURPHY			
BALTIMORE	be execu on and c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	17. INFORMANT FAMILY	1 RECORDS				
ST.,	certificate bu ng physicior banpapers. r remaval. ic event, the		PART I. DEATH WAS CAUS	only one cause per fine for (a), (b), a SED BY: ATE CAUSE (a) E. COLI			BETWEEN ONSET AND DEATH  8 DAYS			
W. PRESTON	e deoth ce e attendin mave corb nation, or traumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE (b) ASCENDING			15 DAYS			
201 W. I	red by th please re urial, cren		couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF CHOLANGIOCARCINOMA  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a.							
RDS,	equire n signi Then p r to bu injury,	NO NO	ISCHEMIC HEART DISEASE							
DIVISION OF VITAL RECORDS, 201	The low rion.  Hos bee it permit.  Here prion hows ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	h Operation was performed	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)			
OF VIT	SICIAN: T ng physici certificate mol-tronsi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN			RRED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)			
IVISION	this the bund M M M M M M M M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	TTENI putol TOR: for us of He 21 is		sow the deceased alive of	pital) attended the deceased from 6/24  no 19 not) view the bady after death.	Wh .	, ta 6/24 n death accurred an the date and hou	19_86, that (1) (we) last or and from the causes stated			
	OR Che ho		1226. SIGNATURE	Bond, m		MEDICAL STAFF DIRECTOR PHYSICIAN X	224. DATE SIGNED 6-24-26			
	HOSPI bined b FUNE buld be th the Si		22d PHYSICIAN'S NAME (TYPE KENNETH BOYD		220 ADDRESS GBMC - 6701 N	. CHARLES STREET 2120	4			
		23a. E	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
	BP	24. FI	URIAL UNERAL DIRECTOR	16-27-1986 P	1029 KEDSEMER	ATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE			
	DHMH - 16 60M 7/84 (VRA 15, 4)	2	VANS CHAP	SLOF MEMOR	3800 HARFORD 250.D	JUN 30 1986				
						0	An also because one			



	3
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6
9	0
LAP	
RY	
MA	3
RE,	
0	
E	
BA	
. T.	4
Z	
STC	
RE	7
3	4
0	-
5, 2	
RD	
0	
RE	
TAI	1
F V	2
0	9
ō	2
VIS	(
۵	Transfer and Control of the Control
	- 4
1	
1	

00-

09630	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 6 0 6 8  CERTIFICATE OF DEATH								
£ 2	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Hartman	June 15						
oge 4 may be rector, page 3 urs after death	3. SEX Female	4 RACE White	5. DATE OF BIRTH  MONTH DAY YEAR  Dec. 1, 1895	6 AGE (IN YEARS LAST BIRTH	ADAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.					
neral dire	Maryland	76. CITIZEN OF WHAT COUNTRY	, 20)	9 BALTIMORE CITY OF	COUNTY OF DEATH  COUNTY OF DEATH  AD.					
	10. CITY OR TOWN OF DEATH  Towson	St. Joseph H	ospital	12a USUAL OCCUPATIO	N 126 KIND OF BUSINESS OR WORKING LIFE) INDUSTRY					
35	Maryland Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO Baltim	VN 13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 4603 Mary	ZIP CODE					
ompletely ond 2 s	14. FATHER'S NAME FIRST Conrad	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	Mellon					
e execut	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	REMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 213–10		ADDRES	Mary Ave. 21206					
physicin on the property of th	PART I. DEATH WAS CAUS	anly one couse per Me for (g), (b), o		ters Disea	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
quires that the death signed by the attented hen please remove of the burial, cremation, alury, or other trouman	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER PLANIFIC NO.	DUE TO, OR AS A CONSEQUENCE OF TOO BY	typhensen	minal disease or cond	ITION GIVEN IN PART I (a					
has been permit. Tene prior	NO 190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
og physicia certificate unal-transit tental Hygi ttem 18 sho	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH (IER) P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART?)					
ottendi	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.)	CITY OR TOW	N COUNTY STATE					
JAI OK ALIENDI by the hospital or Ral DIRECTOR: A detached for use rate Dept. of Heal NT: If them 21 is mi		in 19 on 19	DEGREE ATTENDING PHYSICIAN	, to, to, death accurred an the dat	e and hour and Iram the causes stated  22c. DATE SIGNED					
eformed by to FUNERAL should be determined by the State with the S		C. Kowalewski M			altimore, Md.					
BP	23g. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	6-19-86 23c	Parkwood Cemetery  Parkwood Cemetery	Baltim						
HMH - 16 60M 7/B4	24 FUNERAL DIRECTOR  Leonard J. Ruc	k, Inc. Baltimo	ore, Maryland	LERCO BY REGISTRAR Z	SP REGISTRAR'S SIGNATURE					

and one of the contract of the following state of the contract of the contract

grande H. Temple Ally and Aye. 21206

White Bridge Sales

RECEASE . . AMER, ANC. DELIENDET , DEL LABRA

0-10367

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTI	FICATE OF DEATH	REG. NO	).	
	CEA III AME FIR	51	MIDDLE		LAST		MONTH DAY YEAR	2b. HOUR
-		LIAM	н.		HARVEY	June 21,	1986	3:27 M
3. SE	X	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE.	
6	Male		Vhite		19° 1894	91	YRS MONTHS DAT	S HOURS MIN.
	IRTHPLACE (STATE OR FOREIC		EN OF WHAT C	OUNTRY? 8.		9. BALTIMORE CITY O		
	Balto.		USA	WIDOV	IED NEVER MARRIED VEDXI DIVORCED	Baltimo	re County	MD.
10. €	ITY OR TOWN OF DEATH			L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE		OF BUSINESS OR
1	Towson	40		owson N		Mechanic	Sta	ndard Oil
130.	AL RESIDENCE (IF NURSING H STATE 136	OME OR OTHER INS	13c. CIT	pence before admission y OR TOWN Balto.	134 INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS / 2402 Hem		
4. FA	ATHER'S NAME	WIDDLE		LAST	15. MOTHER'S MAIDEN NA	ME		
1		wrenc	e Hai	rvey	Anna	WIDDLE	Lehr	LAST
16a V	WAS DECEASED EVER IN U			CIAL SECURITY NO.	17. INFORMANT	ADDRE		
maril .	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR		05 8790	Mrs. Emm	a Kennedy	Towson	MO
					TWO SE EITHER	a recinicay,		OXIMATE INTERVAL IN ONSET AND DEATH
	18. CAUSE OF DEATH (Er PART I. DEATH WAS C		ouse per line for t	10	E			eeks
	IMM	EDIATE CAUS	E (0)	CENAL	MEDIC			CC7(3
		DU	E TO, OR AS A C	ONSEQUENCE OF	-1 1-100			
	Conditions, if ony, whi		(b)	everar	zrd ARIERI	osclerosi	5 9	rs_
	cause (a), stating t	the Dul	ETO, OR AS A C	ONSEQUENCE OF	U		- '	
	underlying cause lo	ist.	(c)					
7	PART 2 OTHER SIGNIFIC	ANT CONDITI	ONS CONTRIBU	TING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN IN PART	1 ca
CERTIFICATION	155CVL	<b>)</b> .	Seny,	e den	untia			
S	190 DATE OF OPERATION	19b	CONDITION FO	R WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINITION CERTIFYING CAUS	DINGS USED
TE						YES NO	YES	NO 🗆
S. S.	21a. ACCIDENT WAS UNDERLY		TIME OF INJUR	Y ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	?)
¥	OR CONTRIBUTING CAUSE	OFDEATH	P.M.	19				
EDICAL	214 INJURY OCCURRED	21e.	PLACE OF INJUI	RY	211 LOCATION			
¥	WHILE NOT WHILE	TA)	HOME STREET, FACTO	DRY, OFFICE, FARM, ETC )	STREET	CITY OR TO	WN COUNTY	STATE
	220.1 certify that (I) (this		nded the deceas	ed from 4	- 20 19 85	10 UY W	2/10/8/	, that (I) (we) last
	saw the deceased at above, (I) (we) (did) (	ive on	400 12	19 56	and that in (my) (our) opinion	death occurred on the do		
	226. SIGNATURE	l .	- 1	-	DEGREE		22c DA	TE SIGNED
	(//100	unn	ni	A)	ATTENDING PHYSICIAN	MEDICAL STAR	FIAN [ 6	-23-86
	22d. PHYSICI IN'S NAME	(TYPE OR PRINT)	11	1	22e ADDRESS			
	Dr. S. J.	Vena	ble, Jr	., MD	7215 York	Road, Balt	0., MD	
	BURIAL, CREMATION, REM			23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	6	/25/86	Park	kwood	Balto.	County,	WD,

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DIRECTOR Henry W. Jenkins Sons Co. 4905 York Road Balto., MD

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

21212

This July 15, 184 ulana Toyson Nursing Hamp wesherts Batto, x 2402 Hamicok Ava., 81.11 ante i James Lawrenco Harva TELE THE WAR. I STORE WORKS ... I BY CO. CHANNA CARRELL CARRELLS the day of the second second second second the state of the s The same of the same of the same De. S. d. Vande, Jr., No. 7815 York Foe , Este., Ma ten . In the contract 1=1= Yama=2= =1:0., Wallet

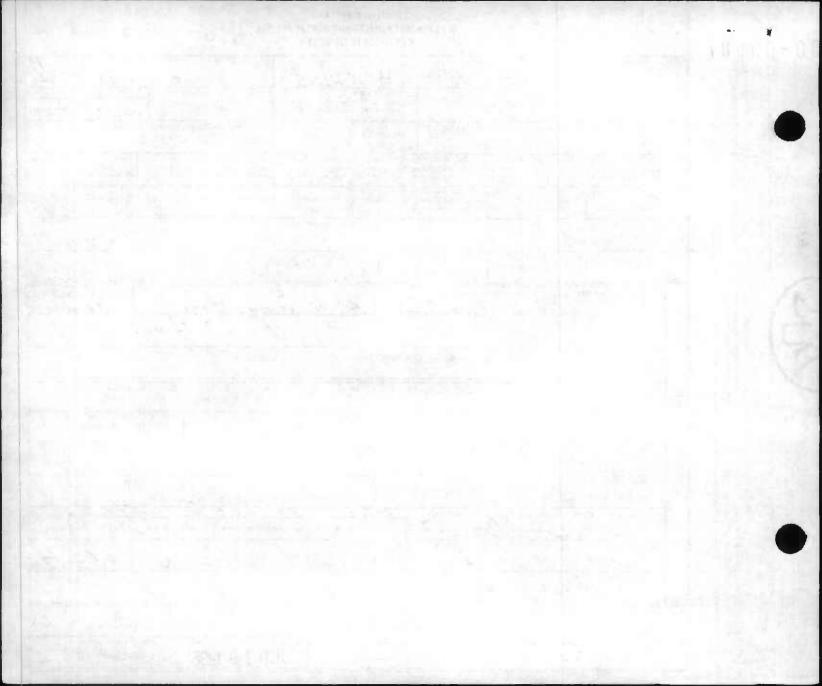
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					23
6	1	6	U	!	0
REG. NO.					

-09629	1.	FOR STATE REGISTRAR		CERTIFICATE OF DEATH 8 6 1 6 0 / U						
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH MO	INTH DAY YEAR	2b. HOUR A O
oge 3 death	{TYPE	OR PRINT)	TAM	00	E.		VALLAT IR	6	12 0%	726
pog r de	3. SE	× ×		RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY IF UNDER I YEA	R IF UNDER 24 HRS
a open	MALE.		WH	ite	MONTH		75	YRS DAYS	S HOURS MIN.	
E 28 80 /		RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
1 1000	Maryland			U.S.A		WIDOWE		Baltimore County MD.		
11 200	10. C	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSI		R OTHER INSTITUTION	12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR		
是 祖传人		ndalk		823 Mi	ldred Av	enue		Inspector-M		
9 99 40		AL RESIDENCE (IF NURSI	13b COUN		13c CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	
元 重要	Ma	ryland	Balt	imore	Dundalk		YES NO X	823 Mildred	Avenue	21222
4 42 4	14. F/	THER'S NAME		HODLE	LAST		15 MOTHER'S MAIDEN NA	ME	C 1-	AST
2 26 4	Ja	mes		E.	Haupt,	Sr.	Mary	WIDDLE	Milho	
1 1 1	160 V	VAS DECEASED EVER	N U.S. ARA	NED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRESS		
B ood	Ye	(ES, NO OR UNKNOWN)		MAR OR DATES)	215-09-	5432	Grace A. Hau	ıpt	Same as	
at of the		18 CAUSE OF DEATH PART I. DEATH W.	Enter only	y ane cause per	line far (a), (b), a	nd (chi			BETWEE	NONSET AND DEATH
		PARTI, DEATH W	IMMEDIATE	CAUSE (a)	PROID	600	MONARY	RRRES	0 1	OMIN
1 1					R AS A CONSEOU					11
Ann		Canditions, if any,		( 16)_	CANCI		of Page	Thre &	met	Tuns
1 1111		gave rise to imm cause (a), stating		DUETO	R AS A CONSEOU	IENCE OF				0
3 4856	97	underlying cause	last	(c)		, civez or			V . Sec	
direct of the control	z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART	lia
1 1 1 1 1	ATIO	19a DATE OF OPERAT	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
hos b	CERTIFICATION	JANE OF OFERM		110.00112	THO TO THE	· Or Emilio		YES NOT	N CERTIFYING CAUSE	ES OF DEATH?
N. The core core onsit Hygin B sho	CER	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)	
Physical Phy		OR CONTRIBUTING C		HOUR A.	M. MONTH D	AY YEAR				
ding ding ding s ce burie Men	WEDICAL	214 INJURY OCCURR		21e. PLACE	OF INJURY		21f LOCATION			
offen the ss the hond orked o	W	WHILE NOT WHI	IE .	(AT HOME STE	REET, FACTORY, OFFICE.	FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
NOR Nor Nor Nor Nor Nor Nor Nor Nor Nor Nor		220.1 certify that (I)		/ /	e deceased fram.	00/	8/18, 19 8 9	10 6/13	19_86	, that (I) (we) last
porto for of h of h		saw the decease abave, (I) (we) (d	d alive an	view the leady	after death	\$6, ar	nd that in (my) (aur) apinian a	death accurred an the date	and have and from th	e causes stated
hos hed hed ept.		226. SIGNATURE	1				DEGREE		22c DAT	ESIGNED
the the Dat D		to All	vh X	uorel	110	1	( D . ATTENDING PHYSICIAN	MEDICAL STAFF	ND 6/	13/86
SPITA LERA LERA LERA LERA LERA LERA LERA LER		MA PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS	0 01	1 1 14	0 - 0
etained TO FUN should b		DORDITH	v <	SUDOW	) N	1.0.	3900 Loch	Raven Blue	1 Sola	4230
○ 등 등록 및 폭	23a I	BURIAL CREMATION	-	236 DATE	236	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		
BP		specify)		6/16/				CITY OR TOWN	COUNTY	Marvland
		JNERAL DIRECTOR D	uda_P			отетаг	nd Mem. Park	Baltimore E REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNA	7
DHMH - 16 60M 7/84 (VRA 15, 4)		22 Wise Av			lalk, Mar	vland	21222	INIAC	wha Davidson	
(VKA 15, 4)	1 3	ZZ WISE AV	enue	Dund	alk, Mal	yrand	61666	- 1900 0	In what stables	Al- in-

(VRA 15, 4)

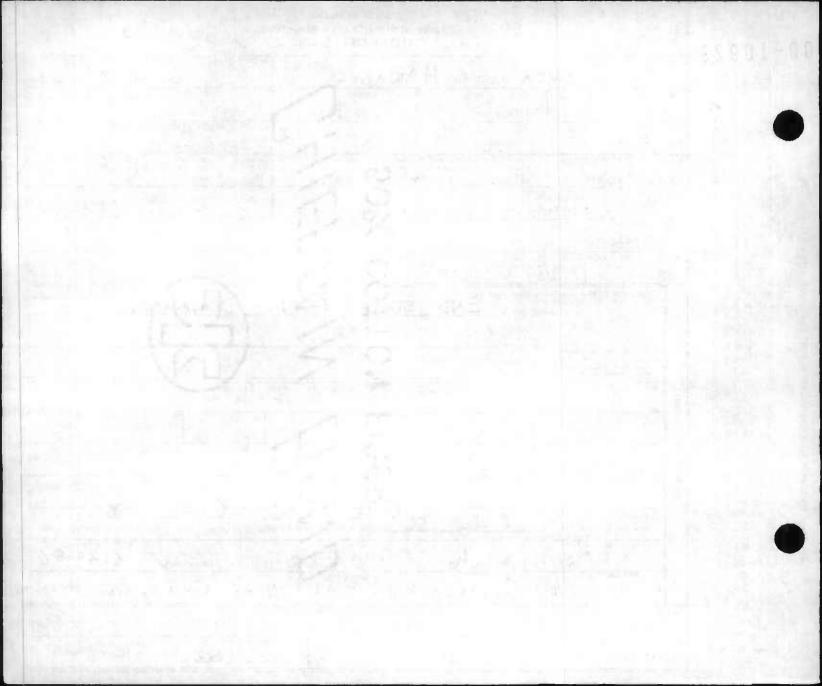
STATE OF MARYLAND



0	0		0	9	2
DIVICION OF VITAL BECORDS, 301 W PRESTON ST. RATIMORE MARVIAND		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3	should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with 172 hours often death CD	with the state Uept, or health and Mental rigidise prior to during certainty or embods.  Interportating the state of the s

BP. DHMH - 16 60M

- 1				STAT	TE OF MARYLAND			/3
10	1.	FOR STATE	DE		HEALTH AND MENTAL HYG	IENE & 6	6	3 / 6
20		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	D	GALCOLD
4		OR PRINT	MIDDLE	11 4	LAST	20. DATE OF DEATH	MONTH DAY YEAR	
1.55		500	FR Hopkins	HAWI	KINS.		6.26.80	4.40 A
	3 SEX	X	4 RACE		OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	AR FUNDER 24 H
9		Male	White		. 16,1906	80	YRS.	13 110013
2,-	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
35		ryland	U.S.A.	WIDOW		Baltimor	e	
ig of		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Balto. County General Hosp.			120. USUAL OCCUPATE	ON 126 KINE	D OF BUSINESS
CC	Ra	ndallstown				Unemployed		X1
اسر ق	USU/	AL RESIDENCE (IF NURSING HOME CO	OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION		13e.STREET ADDRESS /	1) )	200
25				nsville	YES X NO	Spring Gro		Center
è .		THER'S NAME			15. MOTHER'S MAIDEN NAM	ME	ve nospita.	Contes
30		Winfield		wkins	Lida	MIDDLE	M	ahan
_	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	55	
medico			A UI	NK	P.H.Foley, 2 R	ockdale Ave		21028
the			only one cause per line far (a),		1 .11.1 OLCY, 2 1	OCKUATE NVC		ROXIMATE INTERVAL EN ONSET AND DEA
ent,		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) EN	D STA	GE COPD	DEHVI	RATION.	IN ONSE! AND DEA
ijury, ar a	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	1ra
ws ony in	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
3+	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			
79		OR CONTRIBUTING CAUSE OF DE						
1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	21f LOCATION			-9-16-1
pe	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE, FARM ETC )	STREET	CITY OR TO	wn COUNTY	STATE
a out		220.1 certify that (I) (this hasp	outal) attended the deceased	10m 6	12 10 86	6.5	38 of 35	that (I) (we)
185	П	saw the deceased alive o	6.26	10 86	and that in (my) (our) opinion o	death accurred an the do	ite and haur and from t	the couses stated
E		22b SIGNATURE	nat view the bady after death		DEGREE		22c DA	ATE SIGNED
± ±		CR4	ocs mente		MA ATTENDING	MEDICAL STAF	F / 6	26.86
MPORTANT		226 PHYSICIAN'S NAME ITYPE	OR PRINT)		PHYSICIAN [		IAIT	
IMPORTA		CKAYADIVE	RG GOVIND	A RA	1 6 6	MORF CO	UNTY GN	L Hosp
N N	22- 0	CHIDIAL CREMATION DEVICE				123d. LOCATION		/
	230. E	BURIAL, CREMATION, REMOVA Burial	6/27/86		Chapel Cemeter  Chapel Cemeter	CITY OR TOWN!	lle, Harford	L. Marvla
	_	DULTAT	1 0/2//00	DIIITUIS	•	E REC'D. BY REGISTRAR		
M 7/84		rring Funeral	Home.P.AAbe	rdeen.MD	,21001-3399	JN 30 1986	Julia Davidson	- Hordell
7)				,			A .	



BP. DHMH - 16 60M 7/ (VRA 15, 4)

STATE	OF	MARYLAND	
JIMIL	VI	MARILAND	

16073

	1.	FOR STATE REGISTRAR		DEPARTN		IEALTH AND MENTAL HYG	IENE 8 6	1 6	U	7 3
		CEASED NAME FIRST	ole Wilson	HEAPS,	JR.	AST	June 27, 1	986		12:30aм
-	T SE	Male	4 RACE White		5. DATE O	ber 1'2, 1'921	6 AGE (IN YEARS LAST BIR	YRS	DAYS	IF UNDER 24 HRS
E	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A		WIDOWE		Baltimore city of Baltimore	County	EATH	MD.
1	,	TY OR TOWN OF DEATH Rosedale	Frankl	in Squar	e Hos	pital	OSUAL OCCUPAT (149E OF WORK FOR MOST C Administra	OF WORKING LIFE) IN	Scho	BUSINESS OR
32	M.	aryland B		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Baltim	V	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 418 Murd	ZIP CODE lock Road	1 2121	2
30	7			leaps Sr.		Irene	MIDDLE		Codd	
1		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YE	ARMED FORCES? S, GIVE WAR OR DATES}	219-18-2		IT INFORMANT E.M.Heaps 418	Murdock Ro			ATE INTERVAL ISET AND DEATH
	NOI	Canditions, if any, which gave rise to immediate cause io), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	N PART No	
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORME			N WAS PERFORMED	206 AUTOPSY? YES NO NO	20b. IF YES, WE IN CERTIFYING YES [	RE FINDING CAUSES O	S USED OF DEATH?
9	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM	F DEATH HOUR A.A	A. MONTH DA A.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
	WE	WHILE NOT WHILE AT WORK	(AT HOME STRE	ET, FACTORY OFFICE, FA	ARM ETC	STREET	CITY OR TO	)	COUNTY	STATE
1	22a   certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave 17 we) (did) (did not priew the body offer death.  22d. PH) SICIAN'S NAME (TYPE OR PRINT)  22d. PHOSE STAFF PHYSICIAN DIRECTOR PHYSICIAN 120  22d									uses stated
1-	23c. l	BURIAL, CREMATION, REMO (SPECIFY) Burial				EMETERY OR CREMATORY	23d LOCATION	COL	UNIY	STATE
		UNERAL DIRECTOR	0-30-8	N N	ew ca	thedral 256. DAT	Baltimore EREC'D. BY REGISTRAR			<u>Marylan</u> o
14	Mi	tchell-Wiedef	ald Hame 6	500 Vork	Road	21212	0 4000	1 . Kand	Abr	ndallie

executed within 24 hours ofter

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicia

### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 <sub>REG.</sub>	О.	1	6	0	7	
OF DEATH	MONTH	DAY	YEAR	2b H	OUR	

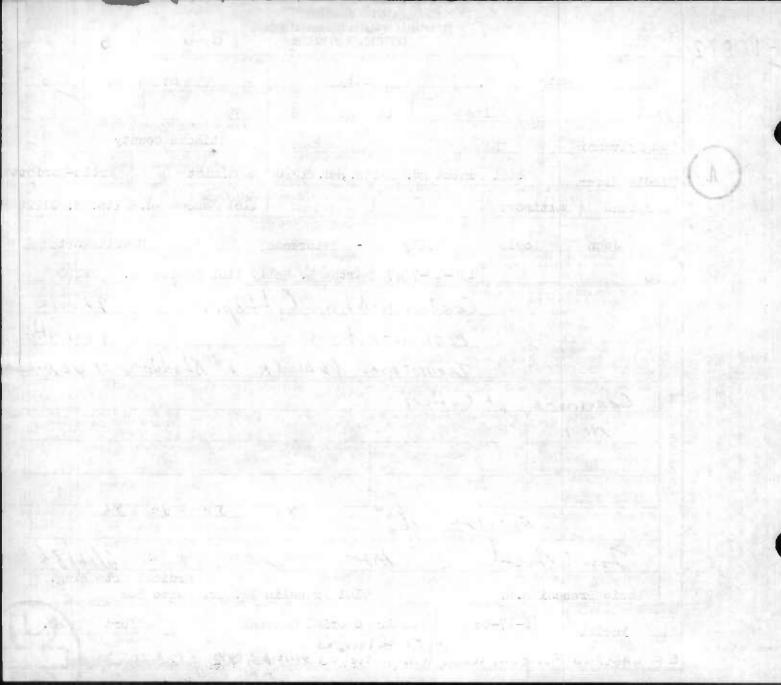
- STATE REGISTRAR						REC			-	1 8
1. DECEASED NAME	FIRST		MIDDIE		ASI	20 DATE OF DEAT	H MONTH	DAY Y	EAR 2	h HOUR
, C ON PRINTING	Louis	s W		100	Helly		6	14 86		7:15
3 SEX		4. RACE		5. DATE C		6 AGE IN YEARS LAS	T BIRTHDAY)	IF UNDER I		F UNDER 74
Male		Whi	ite	MONI 11	21 06	79 YRS.				
To. BIRTHPLACE ISTAT	E OR FOREIGN		WHAT COUNTR	RY? 8		9. BALTIMORE CIT			TH	
Pennsylvan	nio	TISA		WIDOWE	DIVORCED DIVORCED	Baltin	ore Co			
10. CITY OR TOWN OF		11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCU		12h KI	IND OF	BUSINESS
) Middle Riv	er.	1161		Rd. Bal	Lto.,Md.21220	Machinis	ST OF WORKING	Ma Nous	rti	n-Mar
USUAL RESIDENCE (#	NURSING HOME O	OTHER INSTITUTION	13c CITY OR TO	FORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CC	ODF		
Maryland Baltimore					13d INSIDE CITY LIMITS?   13cSTREET ADDRESS / ZIP CODE   No 西 Seneca Rd. Balto. Md					
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA					
FIRST Joh	n	Louis	IAST	llv	FIRST	MIDDI	t	Charl	1AST	anth
160 WAS DECEASED E			166 SOCIAL SE		Florenc 17. INFORMANT	AD	DRESS	Onar1	CSW	OT GIT
IYES, NO OR UNKNOWN		VE WAR OR DATES)				11 1161 0	onooo	Dd	27	220
No			190-10	1-11	Martha L. He	TTA TTOT S	eneca		-	220
18 CAUSE OF D	EATH (Enter of H WAS CAUSI	nly one couse pe	r line for (a), (b)	ond ic	1, 1	11		138	WEENON	ATE INTERVA
TAKT I. DEAT		TE CAUSE (a)	CARN	14406	upn Cu	1-1-6DCF	-		1	vvn
Conditions, if gave rise to couse (a), so underlying c	immediate tating the ause last.	(c)		LANT.  OUENIEE OF		k vt 1	12611	in	3 m	IBA
gove rise to couse (o), s underlying c	immediate tating the ause last.  SIGNIFICANT	DUE TO, CO  (c)  CONDITIONS C	OR AS A CONSECUTIVE TO CONTRIBUTING TO	COUENTE OF	MITIMAL (LL)  NOT RELATED TO THE TERM	MINAL DISEASE OR C		GIVEN IN PA		IS D
gove rise to couse (o), s underlying c	immediate tating the ause last.  SIGNIFICANT	DUE TO, CO  (c)  CONDITIONS C	OR AS A CONSECUTIVE TO CONTRIBUTING TO	COUENTE OF	NOT RELATED TO THE TER		20b. IF IN CER		INDING	
gove rise to couse (o), sunderlying c  PART 2. OTHER  19a DATE OF OP  21a. ACCIDENT WAS	immediate toting the ause last.  SIGNIFICANT  CITYM  ERATION  SUNDERLYING [  CAUSE OF DE	DUE TO, CO  (c)  CONDITIONS C  196 COND  196 COND  ATH HOUR A	OR AS A CONSECUTION FOR WHI	DUENTE OF ONE OF THE PROPERTY	NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF IN CER	YES, WERE P RTIFYING CA YES	INDIN (	F DEATH?
gove rise to couse (a), sunderlying countrying country co	immediate toting the ause lost.  SIGNIFICANT  CITYM  ERATION  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE	DUE TO, CO  CONDITIONS C  19b COND  19b COND  ATH  AND  P  21e. PLACE	OR AS A CONSECUTION ON TRIBUTING TO ONTRIBUTING TON	DUENTE OF OPERATION DAY YEAR	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUI	200 AUTOPSY?  YES NO[ RRED (ENIER NATURE OF	20b. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART I ORPA	FINDING AUSES C	NO [
PART 2. OTHER  PART 2. OTHER  19a DATE OF OP  OR CONTRIBUTING  (IF EITHER, NOTHEY)  21d. INJURY OCC	immediate toting the ause lost.  SIGNIFICANT  CINUM  ERATION  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE  CURRED	DUE TO, CO  CONDITIONS C  19b COND  19b COND  ATH  AND  P  21e. PLACE	OR AS A CONSECUTION ON TRIBUTING TO CULCULATION FOR WHI	DUENTE OF OPERATION DAY YEAR	NOT RELATED TO THE TERI	200 AUTOPSY?  YES NO[ RRED (ENIER NATURE OF	20b. IF IN CER	YES, WERE P RTIFYING CA YES	FINDING AUSES C	F DEATH?
GOVE rise to couse (o), so underlying counderlying counderlying counderlying counderlying and property of the counterlying counderlying counterlying	immediate toting the duse lost.  SIGNIFICANT  CITYMM  ERATION  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE  CURRED  DI WHITE  T WORK	DUE TO, CO  (c)  CONDITIONS C  19b COND  19b COND  19b COND  21b. TIME C HOUR A AR)  P  21e. PLACE IAI HOME ST	OR AS A CONSECUTION ON TRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY TREET, FACTORY, OF INJURY	DUENTE OF ODEATH BUT ODEATH BUT ODEATH BUT ODEATH OPERATION DAY YEAR 19 CE, FARM, EIC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUI	200 AUTOPSY?  YES NO[ RRED (ENIER NATURE OF	20b. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART I ORPA	AUSES C	NO STAI
PART 2. OTHER  PART 2. OTHER  19a DATE OF OP  21d. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER NOTHY  ALWORK AND A  22a I certify the	immediate toting the ause lost.  SIGNIFICANT  CIPUM  ERATION  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE  TUNORK  Int (I) (this hosp	DUE TO, COONDITIONS COONDITION	OR AS A CONSECUTION OF INJURY  OF INJURY  OF INJURY  OF INJURY  TREET, FACTORY, OFFI  They deceased from	DUENTE OF  ODEATH BUT  ODEATH BUT  ODAY YEAR  19  CE. FARM, ETC.)	NOT RELATED TO THE TERMON WAS PERFORMED  21c HOW INJURY OCCUI  21f LOCATION STREET	200 AUTOPSY? YES NOERRED (ENIER NATURE OF	20b. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART I OR PA	AUSES C	NO STAI
PART 2. OTHER  PART 2. OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHEY AT WORK  22a I certify the sow the de- obove, (I) the	immediate toding the ause lost.  SIGNIFICANT  CITYM  ERATION  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE  CURRED  DI WHIE  I WORK  II (I) (this hosp to be) (did) (did in ver) (did) (did in ver)	DUE TO, CO  (c)  CONDITIONS C  19b COND  19b COND  19b COND  21b. TIME C HOUR A AR)  P  21e. PLACE IAI HOME ST	OR AS A CONSECUTION OF INJURY  OF INJURY  OF INJURY  IRRET. FACTORY, OFFIR  TO DE DESCRIPTION OF INJURY  TO DE TO THE INJURY  TO DE TO THE INJURY  THE	DUENTE OF  TO DEATH BUT  TO DAY YEAR  19  CE FARM.EIC)	21c HOW INJURY OCCUI 21f LOCATION STREET  19  nd that in (my) (aur) apinior	200 AUTOPSY? YES NOERRED (ENIER NATURE OF	20b. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART I OR PA COUN	FINDING AUSES C	STAI
WHILE WORK A SOW the decision of the property	immediate toding the ause lost.  SIGNIFICANT  CITYM  ERATION  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE  CURRED  DI WHIE  I WORK  II (I) (this hosp to be) (did) (did in ver) (did) (did in ver)	DUE TO, CONDITIONS CON	OR AS A CONSECUTION OF INJURY  OF INJURY  OF INJURY  IRRET. FACTORY, OFFIR  TO DE DESCRIPTION OF INJURY  TO DE TO THE INJURY  TO DE TO THE INJURY  THE	DUENTE OF  TO DEATH BUT  TO DAY YEAR  19  CE FARM.EIC)	216 HOW INJURY OCCUI 216 LOCATION STREET  19 nd that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY?  YES NOERRED (ENIER NATURE OF	20b. IF IN CER IN JURY IN ITEM OR TOWN THE 12	YES, WERE F RTIFYING CA YES 18 PART I OR PA COUN	AUSES C	STAI
Gove rise to couse (o), sunderlying country of the property of	immediate toting the dayse lost.  SIGNIFICANT  CITY  ERATION  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE  TWORK  It (I) (this hosp teased alive or ve) (did) (did not be toting to the little of the lit	DUE TO, CO (c)  CONDITIONS C  19b COND  19b COND  21b. TIME C HOUR A R)  P  21e. PLACE [AT HOME ST  ital) attended [1	OR AS A CONSECUTION OF INJURY  OF INJURY  OF INJURY  IRRET. FACTORY, OFFIR  TO DE DESCRIPTION OF INJURY  TO DE TO THE INJURY  TO DE TO THE INJURY  THE	DUENTE OF  TO DEATH BUT  TO DAY YEAR  19  CE FARM.EIC)	NOT RELATED TO THE TERMINAL WAS PERFORMED  21c. HOW INJURY OCCUI  21f. LOCATION STREET  19 and that in (my) (our) apinion DEGREE	200 AUTOPSY?  YES NOERRED (ENIER NATURE OF	20b. IF IN CER IN CER OR TOWN  THE 12	YES, WERE F RTIFYING CA YES 1 18 PART I ORPA COUN 19 19 122.	ART 2)  HIV  MRT 2)  ART 2)  ART 2)	STAI
PART 2. OTHER OTHER OF CONTRIBUTION OF CONTRIB	ERATION  SUNDERLYING CAUSE OF DE MEDICAL EXAMINE  CURRED  OT WHITE OF THE CONTROL	DUE TO, CONDITIONS CON	OR AS A CONSECUTION OF INJURY  OF INJURY  OF INJURY  IRRET. FACTORY, OFFIR  TO DE DESCRIPTION OF INJURY  TO DE TO THE INJURY  TO DE TO THE INJURY  THE	DUENTE OF  TO DEATH BUT  TO DAY YEAR  19  CE FARM.EIC)	21c. HOW INJURY OCCUI 21d. HOW INJURY OCCUI 21d. LOCATION STREET  19 10 11d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	200 AUTOPSY?  YES NOERRED (ENIER NATURE OF CITY)  A deoth accurred on the DIRECTOR PH	20b. IF IN CER  DRIOWN  THE 12  DREAD IN ITEM  DREA	YES, WERE FRIFYING CA YES  18 PART I OR PA  COUNT  19 22C.  22C.  21 Art	ART 2)  HIV  MRT 2)  ART 2)  ART 2)	STAI
GOVE rise to couse (o), sunderlying couse (o), sunderlying counterlying counterlyin	ERATION  SUNDERLYING  CAUSE OF DE  MEDICAL EXAMINE  T WORK  S NAME (TYPE:  Bresch.	DUE TO, CONDITIONS CON	OR AS A CONSECUTION ON TRIBUTING TO UTTO FOR WHILE OF INJURY IRRET, FACTORY, OFFIR Hey deceased from the decease deceased from the decease deceased from the decease decease deceased from the decease	DUENTE OF  ODEATH BUT  ODEATH BUT  ODEATH BUT  ODEATH SUT  ODEATH	21c HOW INJURY OCCUI 21t LOCATION STREET  19 nd that in (my) (aur) apinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO  RRED (ENIER NATURE OF  CITY OF  MEDICAL  DIRECTOR PH	20b. IF IN CER  DRIOWN  THE 12  DREAD IN ITEM  DREA	YES, WERE FRIFYING CA YES  18 PART I OR PA  COUNT  19 22C.  22C.  21 Art	ART 2)  HIV  MRT 2)  ART 2)  ART 2)	STAI
PART 2. OTHER OTHER OF CONTRIBUTION OF CONTRIB	ERATION  SUNDERLYING CAUSE OF DE MEDICAL EXAMINE  CURRED  TWORK  OT WHITE CONT  TO C	DUE TO, CONDITIONS CON	OR AS A CONSECUTION ON TRIBUTING TO ONTRIBUTING TO OTHER OF INJURY IRRET. FACTORY, OFFIR O	DUENTE OF  O DEATH BUT  ICH OPERATIO  DAY YEAR  19  CE, FARM, EIC.)  M. J.	216 HOW INJURY OCCUP  216 HOW INJURY OCCUP  216 LOCATION STREET  . 19  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  9101 Frankli	200 AUTOPSY?  YES NO  RRED (ENIER NATURE OF  CITY  AMEDICAL  DIRECTOR PH  23d LOCATION  CITY OF TOW	20b. IF IN CER  DRIOWN  THE 12  DRIVER  THE 12	YES, WERE FRIFYING CA YES  18 PART I OR PA  COUNT  19 22C.  22C.  21 Art	m the co	STAI

20

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remave corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



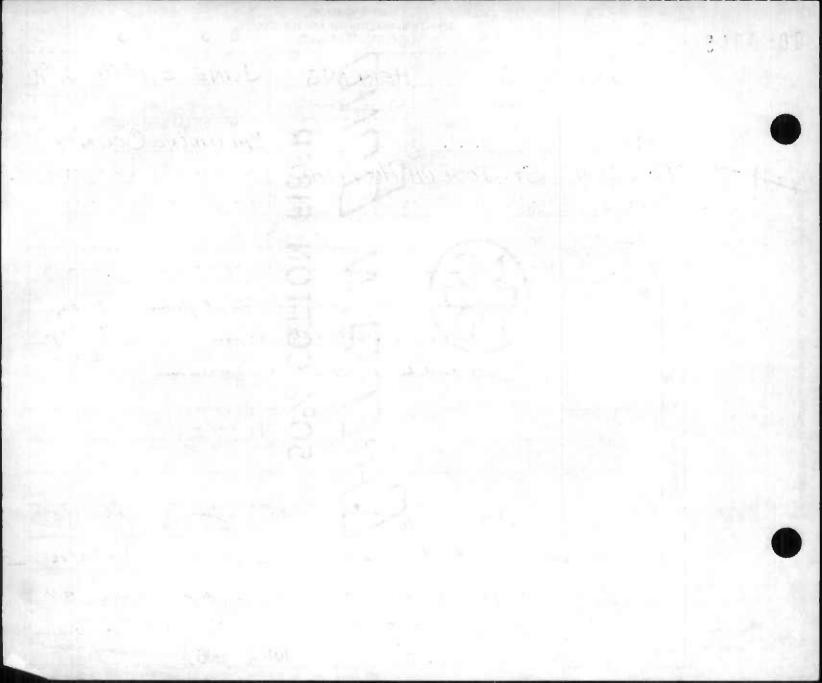
FOR

### STATE OF MARYLAND

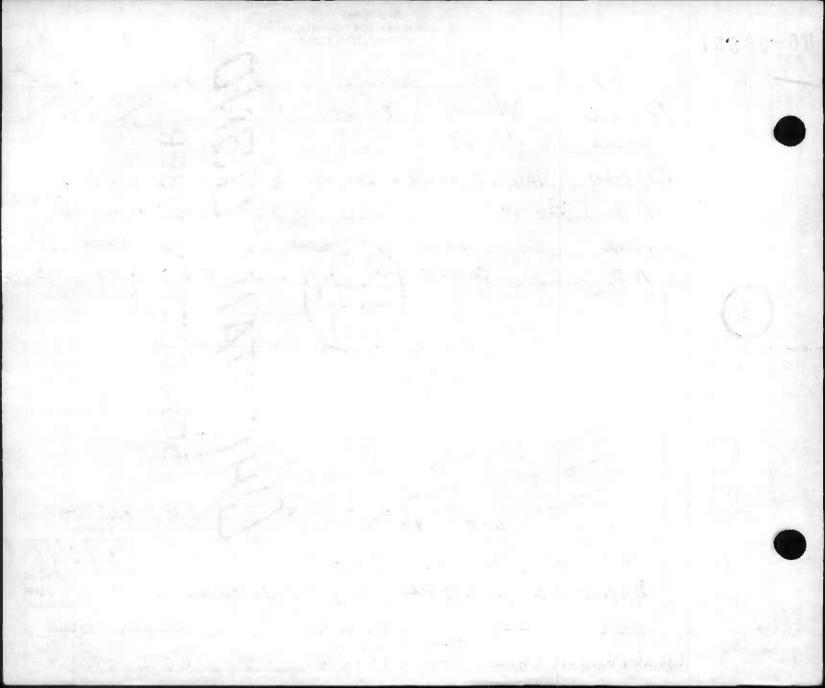
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. N	10.	ĺ	6	0	7	2.4
	00.000						-

00-08	458	1 -	STATE REGISTRAR		DET ART		ICATE OF DEATH	8 6 REG. N	0.	6 0	75
oo		1. DE	CEASED NAME FIRST	- 0	WIDDLE	45	POINIC	JUNE	3,/	986	26 HOUR 2 100
7000	5	3. SE		4 RACE	orge	S. DATE C	AE RIDTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	LIF UNDER 24 HRS
ge 4 m		3. 36.	Male	Whit	e		22, 1920 YEAR	66	YRS	INTHS BATS	HOURS MIN.
og to g	anger !		RTHPLACE (STATE OF FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	To.	NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
leoth.		Ma	ryland		U.S.A.	WIDOWE		BALTIMO	OREC	041	VTY MD.
9 9	20		TY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	170 USUAL OCCUPATE	ON .	12b. KIND (	OF BUSINESS OR
2/2	( ) N		OWSON	STI	JOSEPH	4 /10	SPITAL	Accountan		Balto	City Gvt
	35	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL		130 CITY OR TOW Perry Ha	ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	ad 21	236
if h	ė		THER'S NAME	o mor c	Ti Ci i y iia		15. MOTHER'S MAIDEN NAM		are no	uu Li	.230
MARN ed wit	Zio		John Joseph He	erring	LAST		Louise Le			IA	51
d co	0 7	160 V	AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	2123	36
MO e ex	medical	(	Yes (IF YES, C	N 2	218-03-8	536	Dorothy Herr	ing 9509 Da	wnvale	Rd.Pe	erry Hall
ALT the b	- t		18 CAUSE OF DEATH (Enter		er line for (a), (b), on	d (c).)		<del></del>			CIMATE INTERVAL ONSET AND DEATH
T., B	went		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)_	auto	Tola	las mecesis	Erel 1	arline	7	de
No cer	or re		MMEDI		OR AS A CONSEQUE	NCEOE		t		11	
STO leoth	om, omo		Conditions, if any, which	( , b)	G Chi	4 (	Elestudul	revers		7	days
he d	er fro		gove rise to immediate couse (a), stating the	DUETO	OR AS A CONSEQUE	NCE OF				7	11
W hot hot	othe		underlying cause last	(c)	Metasta	hi-	und offer Teld	· Cancin		-	-19-5
nes t	y, or	19	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 1	0
RDS equi	of in	O									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2)  NG PHYSICIAN: The law requires that the death certificate be executed within 24 har ottending physician.  The this certificate has been signed by the attending physician and completely filled 1 act the burnal krongia has been signed by the attending physician and completely filled 1 act the burnal krongia has been signed by the attending physician and completely filled 1.	ws any	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY		S OF DEATH?
TAI The The h	Hygie 18 sho	ERT	21g. ACCIDENT WAS UNDERLYING	C) 21h TIME	OF INJURY	_	21c. HOW INJURY OCCURR	YES NO X	YES		NO 🗌
P VI	I w		OR CONTRIBUTING CAUSE OF D	1.00.00	A.M. MONTH DA	YEAR	M. NOW INJURY OCCURR	CD (ENTER NATURE OF INJU	RY IN ITEM IS PAK	T I OR PART 2]	
No SIC SIC Cert	tentol frem	CA	(IF EITHER NOTIFY MEDICAL EXAMIN		P.M.	19					
PHY endi	ed or l	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
NG NG	th o		AT WORK AT WORK								
N N N	is a lead		22a.l certify that (1) (this has	- 1	be deceased from_	400	19 00	, to Jun		EC.	that (I) (we) lost
Sprite	. of		sow the deceased alive of obove, (1) (we) (did) (did)	not) view the boo	ly ofter death.	16.01	nd that in (my) (our) opinion o	deoth occur	ote and hour o	and fram the	couses stated
or house	hen hen	10	22b. SIGNATURE	,	7-1	- A-1	DEGREE			22c DATE	SIGNED
	Stote D ANT: #		aro		800		ATTENDING PHYSICIAN	MEDICAL STA		1 5/	3/82
HOSPITAL ned by th FUNERAL	TAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		0/11/3		
O HO	with the Stote		Arher	AJ	ecpick	MD	Sunt J	scal Here	70	custing	MA
5 9 1	n 3 <u>s</u>		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	25d. LOCATION	L. Vanc	COUNTY	STATE
BP			Burial	June	6,1986 Ho	ly Tr	inity Cem	Elkridge	Howard	Co. M	
DHMH - 16	60M 7/84	24 FI	INERAL DIRECTOR Dippe	el Funer	al Home I	nc.	250 DATI	EREC'D BY REGISTRAR	25h REGISTRA	AR'S SIGNA	TURE
(VRA I		7:	10 Belair Road	d Balti	more MD.	21206	JU	N 4 1986	pera Dai	Hason-N	

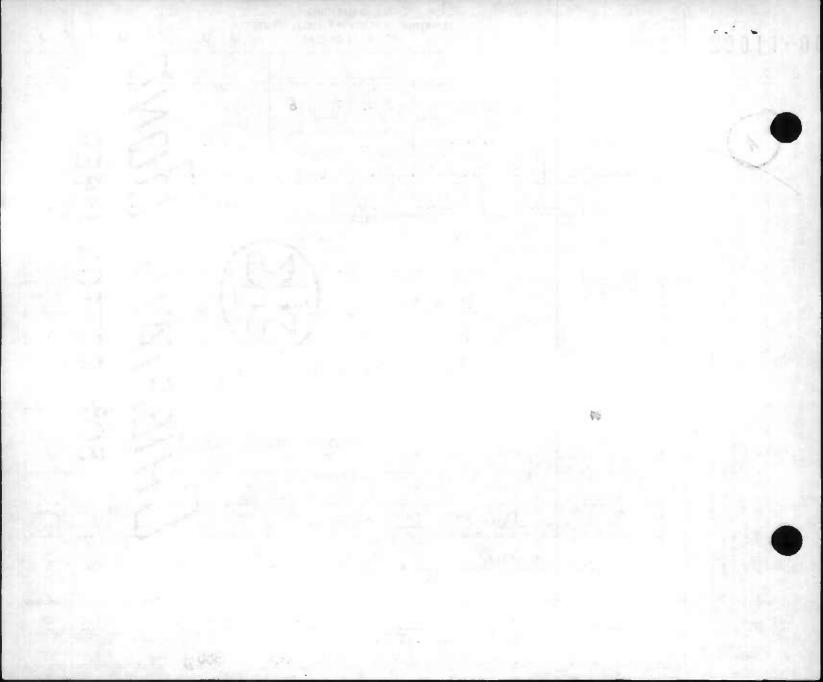


0-08987		FOR STATE REGISTRAR		PARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	8	6 REG. NO.	16	76
eo th 3		CEASED NAME FIRST	MAY	Her	sch	20 DATE OF D	2-86	DAY YEAR	3 20 9
ctor po	3 SE	Fom plo	4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER LYEA	AR IF UNDER 24 HRS
Poorth. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COU	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMOR	A / to	-	MD.
by the fu	10 0	OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GM	IURSING HOME C			CUPATION OR MOST OF WORKING	GLIFE) INDUSTR	OF BUSINESS OR
24 hours	13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	. '	DRESS ZIP CO		w P 1 28
ed within 24 marktanb ed within 24 marktanb example filler	14. F	ATHER'S NAME FIRST	MIDDLE LA NICK		IS MOTHER'S MAIDEN NA FIRST Agnes	ME	WIDDLE		LAST
BALTIMORE, N		Joseph  VAS DECEASED EVER IN U.S. AR  YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166 SOCIA	1 SECURITY NO.	7 Mrs. Richa	ard Paur	ADDRESS	7 / 5	11.00
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line far to .		D - C/	AF.	7-		OXIMATE INTERVAL IN ONSET AND DEATH
motic ev			TE CAUSE (0) DUE TO, OR AS A CON	SEQUENCE OF	10 15	9	71.		
W. PRES		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	event.	1 06	- (16		
bs, 201 quires the signed b hen pleo: o buriol, ijury, or o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AIN DISEASE	OR CONDITION	GIVEN IN PART	lia
he low red on.  The permit T p	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOP	SY? 20b. IF	YES, WERE FINE RTIFYING CAUSI YES	DINGS USED ES OF DEATH?
		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONI	H DAY YEAR	21¢ HOW INJURY OCCUR			-	
PHYY this this dor	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURYOCCURRED  WHILE NOT WHITE AT WORK AT WORK	P.M.  21e PLACE OF NURY (AT HOME, STREET FACTOR)	DEELCE FARM ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
E S B B B B B B B B B B B B B B B B B B		27a. I certify that (I) (this hosp saw the deceased live on	6/5	from 3	d that in (my) our) apinion		on the date and I	19 8 Co	that (1) we) last
the hospito I DIRECTOR Proched for the Dept. of H it frem 21 i.		the SIGNATURE	I Man F		A D ALLENDING	MEDICAL	STAFF		TE SIGNED / C
Sion de		TI d. PHYSICIAN'S NAME (TYPE O	ORPRINT)	EN	22e ADDRESS	DIRECTOR	PHYSICIAN	A BI	12 to 4
TO HOSE retoined TO FUN should be with the IMPORT	23e	BURIAL, CREMATION, REMOVAL		1	EMETERY OR CREMATORY	23d LOCAT	ION	FOUNTY	STALE
BP I	_	Burial UNERAL DIRECTOR	. ADI	to1 Bely	od Cemetery	E REC'D, BY REC	GISTRAR 256. REG		ATURE
(VRA 15, 4)	13	ISSAHN Funers)	Home Bi	ALTO MD.	21236	(A)	gun van	rdson-flan	We let



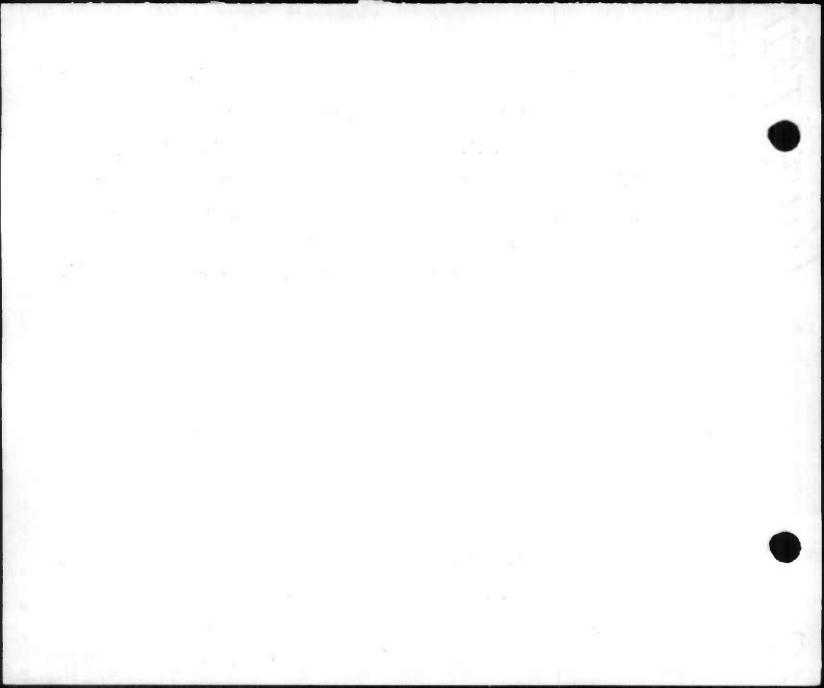
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

(VRA 15, 4)



)	0	***	1	C
The second secon	SALTIMORE, MARYLAND STZOT		ote be executed within 24 hours offer death. Page 4 may be	)
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE		DING PHYSICIAN: The law requires that the death certificate as executed with	ar attending physician.

TO THE COMMENT OF THE SET OF THE	OF HEALTH AND MENTAL HYGIENE & 6 1 6 17 7 8	STATE OF MARYLAND PEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	DEPAR	FOR - STATE REGISTRAR	1.	-10950	0 -
Male White Oct 8, 1904 18 1904 1906 1906 1906 1906 1906 1906 1906 1906						φ <del>β</del> θ φ	
Male   Maite   Oct 8, 1904   81   Ves   MARRED   18 ESTAPPING COUNTY OF DEATH   18 CITIZEN OF WHAT COUNTRY!   MARRED   M			4 RACE	EX	3. SE	E 0.5	
B. BRITHACE (1314) OF ORIGINAL PRODUCTION OF DEATH COUNTRY)   B. ANAMORE COUNTRY)   B. COUNTRY   G. COPTION OF DEATH COUNTRY   WIDOWED DORGED DORGED   Baltimore Country   Baltimore Cou			White	Male		1 000	
Georgia  U.S.A.   WDOWED   DMOREED   Baltimore County.   The Kind of Business Holding Holding on the Substitution   The World Holding Holding Holding on the Substitution   The World Holding Holding Holding Holding on the Substitution   The World Holding			76. CITIZEN OF WHAT COUNTR			2 63460	
10   10   10   10   10   10   10   10	OWED DIVORCED Baltimore County. MD.		U.S.A.			1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
DISTANT RESIDENCE IF INJUSTICAL RESIDENCE FOR MAINTENANCE AND ADDRESS ALTO CODE IN COUNTY Maryland Baltimore Fullerton Fullert	ME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	IVE STREET ADDRESS)	(IF NOT IN SUCH FACILITY, GIVE STRI			15 10	6
Maryland Baltimore Fullerton VES NO M 4227 Cardwell Avenue 212    No M	SION)	MCE BEFORE ADMISSION)	NE OR OTHER INSTITUTION GIVE RESIDENCE BEF	JAL RESIDENCE (IF NURSING HOME OF	USU	1 5 1 5 1	E
TON TOUR AND THE PART I DEATH WAS DECEASED EVER IN U.S. ARMED FORCES?    No	YES NO KD 4227 Cardwell Avenue 21236	lerton YES NO		Maryland Balt	M	- Jan 19	AND
The WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO DE UNKNOWN) (IF YES GIVE WAS ORD LIKES)  YOU UNKNOWN (IF					14. FA	1 記入わっ	ž.
Yes   216-12-3206   Helen R Hollaway 4227 Cardwell Ave 21   RPPORTMAILEN   Reference only one couse per line for (a), (b), and (c).   RPPORTMAILEN   Reference only one couse per line for (a), (b), and (c).   RPPORTMAILEN   REference only one couse per line for (a), (b), and (c).   RPPORTMAILEN   REference only one couse per line for (a), (b), and (c).   RPPORTMAILEN   REference only one couse per line for (a), (b), and (c).   Reference only one couse per line for (a), (b), and (c).   Reference only one couse per line for (a), (b), and (c).   Reference only one couse per line for (a), (b), and (c).   Reference only one couse per line for (a), (b), and (c).   Reference on (a), and (c).	Tessie Duncan					8 5 TOO	X X
226. I certify that (#7this hospital) attended the deceased from			S. GIVE WAR OR DATES)	(YES, NO OR UNKNOWN) (IF YES, GI		25 4	ORE
226. I certify that (#7this hospital) attended the deceased from		<u>12-3206   Helen R</u>	216-12-	Yes		2 52 1/	N.
226. I certify that (#7this hospital) attended the deceased from	APPROMIATE INTERVAL BETWEEN ONSET AND DEATH	), (b), and (c).)				ysici oper aval.	BAL
226. I certify that (# (this hospital) attended the deceased from	punting rest	divespulting				g ph anp	ST.,
226. I certify that (# (this hospital) attended the deceased from	lmW OF	MANUSCO OF	DUE TO, OR AS A CONSEG	gove rise to immediate couse (a), stating the underlying couse last.	z	5 0.20	IS, 201 W. PRESTOI
226. I certify that (# (this hospital) attended the deceased from		WHICH OPERATION WAS PERFORME	196 CONDITION FOR WHIC	19a DATE OF OPERATION	CATIO	ny in	ECORE
226. I certify that (#7this hospital) attended the deceased from					Ē	he ly has	AL R
226. I certify that (#7this hospital) attended the deceased from	EAR	TH DAY YEAR	F DEATH HOUR A.M. MONTH	OR CONTRIBUTING CAUSE OF DE		iclan: To physic entificate entificate inditransimal Hygien and Hy	OF VIT
226. I certify that (#7this hospital) attended the deceased from			216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	The second secon	MEDI	7 5 5 -	VISION
ATTENDING MEDICAL STAFF PHYSICIAN XX DIRECTOR PHYSICIAN (1) 6/30/86	2, and that in ( (our) opinion death occurred on the date and hour and from the causes stated	198 ond that in (mer) (our)	on_ 6/20 19	saw the deceased alive or			٥
ATTENDING MEDICAL STAFF PHYSICIAN WINDERCTOR PHYSICIAN (1) 6/30/86		DEGREE	VIII		l	hos hos hos hed her hed	
	ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN (6/30/86)	ATTEN PHYS	MUM	V		Al C the D detor ore D IT. If	
22d PHYSICIAN'S NAME (TYPE OR PRINT)	Wyman Park Health System Wyamn Park Drv	1				- 0 - 0 - 0	
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	CITY OR TOWN COUNTY STATE		VAL 236. DATE 23	BURIAL, CREMATION, REMOVAL	23a_6	5 € E # 2 € 1	
BP Burial_ 6/30/86 Holy Rosary Cemetery Baltimore Maryland	Rosary Cemetery Baltimore Maryland	Holy Rosary Cen				BP	
OHMH - 16 50M 4/83 (VRA 15, 4)  24 FUNERAL DIRECTOR Dippel Funeral Home Inc.  7110 MBelair Road Baltimore MD 21206	JUN 30 1986	ome Inc. MD 21206	pper Funeral Home ad Baltimore MD	'110 Belair Road			



520	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO	GIENE 8 6	Į.	6 0	7 9	
		CEASED NAME FIRST	adford H	arrison	Houck	Sr.		986	Y YEAR	2b HOUR	
	3. SEX		4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHE		UNDER I YEAR	IF UNDER 24 HRS	
35		Male RTHPLACE (STATE OR FOREIGN Md.)	White 7b. CITIZEN OF US	WHAT COUNTRY?	8	.18, 1910  D NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR Baltimore			MD	
0		Parkville		HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION					
and September 1		AL RESIDENCE (IF NURSING HO) TATE 136 C	AE OR OTHER INSTITUTION OUNTY Balto.	13c. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 2 2918 A Kin		dge Rd	. 21234	
30	14. FA	THER'S NAME FIRST Charles	MIDDLE <b>Ho</b>	uck		15. MOTHER'S MAIDEN NA FIRST <b>Gertrude</b>	MIDDLE	Ba	11		
medical	160 V	VAS DECEASED EVER IN U.S	ARMED FORCES? S. GIVE WAR OR DATES)	216-03-3	URITY NO. 3519	Mrs. Gloria	Svoboda 2906		id Ave		
ey, as other traumatic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last	DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	Port RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN	N IN PART 100		
9	CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED			WERE FINDIN		
entol Him	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE O (IF EITHER, NOTHY MEDICAL EXAM	F DEATH HOUR A	DF INJURY M. MONTH D M.	AY YEAR		RED (ENTER NATURE OF INJURY I	N ITEM 18 PAR	I I OR PART 2)		
orkedor	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
ihed for use ept. of Heol Item 21 is m		22a.1 certify that (1) (this haspital) attended the deceased fram									
ORTANI #		James 0'		)		ATTENDING PHYSICIAN 220 ADDRESS Good Samarit	medical staff director physicial tan Hospital		imore,	Md.	
1		urial, cremation, remo <b>Burial</b>	VAL 23b. DATE June 1	16, 1986	NAME OF C	EMETERY OR CREMATORY  of Faith	23d. LOCATION Balltimore		covMary	land	

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP\_

24 FUNERAL DIRECTOR
Leonard J. Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JUN 1 6 1096 Julia Dandon Mandage

Maryland

	June 17, 1785	Ing the assett	postrent femilie	
		nert Prince	9311	
			A517	.101
	Self-ouployeed	. M. Septile of	min da latre 7	affivent
morn .la	2018 a singe Bidge	2 01110	del ro. Park	
	1.00	aburranti b	Memory.	en (mode)
.471	voluein 2900 Plantid	siroff .will Circ	-20-012	100

drone 16, 1085 Gins. of Parth Balkinger

Good Superitor Wospital Bullimore, Mc.

ALTON MELL

1	FOR - STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	160	8 0		
1 0	ECEASED NAME	FIRST	WIDDLE	LAST	REG. NO.		2b. HOUR		
	Sister	Ethe1		Howell	6	13 86	11:52		
3. 9	Female		4 RACE White	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.		
70.	BIRTHPLACE (ST. COUNTRY) Baltimor		76. CITIZEN OF WHAT COUNTRY?  USA	8 MARRIED NEVER MARRIED 3 WIDOWED DIVORCED	9 BALTIMORE CITY OF CO.	UNTY OF DEATH	M		
E	CITY OR TOWN O	e /	St. Joseph Re	sidence					
130	DC	IF NURSING HE KE OR OUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY I31. CITY OR TOW Washin		13e STREET ADDRESS / ZIP 3601 Reservo	oir Rd NW 2	20007		
14	FATHER'S NAME		MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST			
	Chatles	Willi		Margare					
5 160	WAS DECEASED (YES NO OR UNKNOW NO		MED FORCES? 166 SOCIAL SECU (WAR OR DATES) 191–40–		Long, 4100 Map	le Ave. 21	1227		
	Canditions, if		DUE TO, OR AS A CONSTOUR	ne caresnoma-	unknown p	umary			
RTIFICATION	gove rise to couse (a), underlying	o immediate stating the cause last.  R SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM  ULCEVS  OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110  IF YES, WERE FINDIN CERTIFYING CAUSES (	GS USFD		
AL CERTIFICATION	gove rise to couse (a), underlying  PART 2 OTHER  19a DATE OF O	immediate stating the couse last.  R SIGNIFICANT CORRECTION  AS UNDERLYING GAUSE OF DEA	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TERM  CONTROL OF THE T	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110  IF YES, WERE FINDIN CERTIFYING CAUSES (	GS USED OF DEATH?		
MEDICAL CERTIFICATION	PART 2 OTHER  19a DATE OF O  21a. ACCIDENT W OR CONTRIBUTION LIFETIMER NOTH  21d. INJURY OC	immediate stating the couse last.  R SIGNIFICANT COPERATION  AS UNDERLYING GOOD CAUSE OF DEALY MEDICAL EXAMINER	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TERM  UCCYS  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION	MINAL DISEASE OR CONDITIO	N GIVEN IN PART TIO	GS USED OF DEATH?		
7	PART 2 OTHER  19a DATE OF O  21a. ACCIDENT W OR CONTRIBUTION LIFETHER NOTIF	Dimmediate stating the couse lost.  R SIGNIFICANT COMPETATION  AS UNDERLYING CAUSE OF DEA CAUSE	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I  19b CONDITION FOR WHICH  21b TIME OF INJURY  H HOUR A.M. MONTH DA  P.M.  21e PLACE OF INJURY	OPERATION WAS PERFORMED  AY YEAR 19 211 LOCATION STREET  DEGRE	200 AUTOPSY? YES NO W IN C RRED (ENTER NATURE OF INJURY IN IT!  CITY OR TOWN  deoth occurred on the dote on	IF YES, WERE FINDIN CERTIFYING CAUSES ( YES  EM 18 PART   OR PART 2)  COUNTY	GS USED OF DEATH? NO  STATE		
7	PART 2 OTHER  19a DATE OF O  21a, ACCIDENT W OR CONTRIBUTION LIFETHER NOTIF 21d INJURY OF WHILE AT WORK  THE SECTION THE SECTI	Dimmediate stating the couse lost.  R SIGNIFICANT CORRECTION  AS UNDERLYING GOOD CAUSE OF DEALY MEDICAL EXAMINER COURRED  NOT WHILE AT WORK  WE CONTROL OF THE COURSE OF T	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR AM. MONTH DA P.M.  216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	DEATH BUT NOT RELATED TO THE TERM  CONTROL OF STREET  21c HOW INJURY OCCUMAN STREET  21l LOCATION  STREET  ATTENDING PHYSICIAN  10e ADDRESS	ANIMAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO	IF YES, WERE FINDIN CERTIFYING CAUSES ( YES  COUNTY  19 8 2, to ded hour and from the county of the	GS USED OF DEATH? NO  STATE hot (It (we) los couses stated		
MEDICAL	PART 2 OTHER  19a DATE OF O  21a, ACCIDENT W OR CONTRIBUTION LIFETHER NOTH 21d INJURY OC WHILE AT WORK	as immediate stating the couse lost.  R SIGNIFICANT COPERATION  AS UNDERLYING COPERATION  AS UND	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO DEPOSITION OF THE CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	DEATH BUT NOT RELATED TO THE TERM  CONTROL OF STREET  21c HOW INJURY OCCUMAN STREET  21l LOCATION  STREET  ATTENDING PHYSICIAN  10e ADDRESS	20d AUTOPSY?  YES NO PORTON  CITY OR TOWN  deoth occurred on the dote on	IF YES, WERE FINDIN CERTIFYING CAUSES ( YES  COUNTY  19 8 2, to ded hour and from the county of the	GS USED OF DEATH? NO   STATE  hot (i) (we) lost couses stated SIGNED		

09107	1.	FOR - STATE		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC	SIENE O A	1	4 1)	0 1
, 0,	L	REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIF	ICATE OF DEATH	REG. N		O U	2b HOUR
death death		Clara Clara	C	atherine	Но	yt	70. DATE OF DEATH	6	201	5 120A
s offer d	3. SE	x Female	White		S. DATE C	DF BIRTH 270418947EAR	6 AGE (IN YEARS LAST BIT			IF UNDER 24 HRS HOURS MIN.
135		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O			MD
190		astpoint 21224	II. NAME OF	HOSPITAL, NURSIN	IG HOME O	Center INSTITUTION	USUAL OCCUPAT			BUSINESS OR ng Mfg.
P 35	13a.	AL RESIDENCE (IF NURSING HOME OF STATE Naryland 136 GOU	ROTHER INSTITUTION			13d INSIDE CITY LIMITS? YES NOCK	130 STREET ADDRESS 326 Carro	/ ZIP CODE	and Rd.	21220
		ATHER'S NAME FIRST William	мірріє На	ves		is. MOTHER'S MAIDEN NA Catheri	ME		LAST	
Poge medicol		WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	213 10 3		George Lorbe	r, Son in 1		San	ne
moval.		IS CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe ED BY: TE CAUSE (o)	Auli	of ici.	vearlie	Infarete	ins	APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
e corbon an, ar re		Conditions, if any, which		OR ASIA CONSEQUE	ENCE OF		1		1000	V
ol, crematic		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	ENCE OF					V
Then pl to burn njury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	N IN PART I to	
shows ony is	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING YING CAUSES O	
burial-transit per Mentol Hygiene por Item 18 shows		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF HIJL	JRY IN ITEM 18 PA	RT 1 OR PART 2)	
s the bur and Me rked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE ALWORK	71e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
of Health		270 I certify that the this hosp saw the deceased alive a above, (I) (we) (did) (did)	6.	9 19 6	16.0	nd that in (my) (appr) opinion	death occurred on the d	late and hour		nat (I) (we) last ouses stated
hed thed		276. SIGNATURE	Die	lu-		DEGREE	MEDICAL STA	(FF	27c. DATE S	
Should be detoo with the State D IMPORTANT: If		LARRI C	OR PRINT)	lles	4	77e ADDRESS	ron Point	Rd.	B1 Lin	Fire Md
5 £ 3 8	23a	BURIAL, CREMATION, REMOVAL	736 DATE 6/12/	86 33c. N	name of c	EMETERY OR CREMATORY Heart of Jesu	23d LOCATION BENETING	ore Co.	counted	STATE
16 50M 4/83 CRA 15, 4)	N.F	UNE DESCRIPTION FUNCTION	Sus	laine	GHA' H	astern Ave	REC'D. BY REGISTRAR	PIST PECISTE		RE
(1.0.10, 4)	12	and a second	1	/		100		1		

end metal TO I WANT TO THE STATE OF THE S Add . a . or colding Total State of Party and the control of th the control of the co aged a land at the control torone 100 15 01 17 12 THE LOW SHOULD BE ASSESSED TO SHARE THE SAME OF SHARE SAME ASSESSED. the property of the state of the second respective to the second respec

1	STATE REGISTRAR		DEPARTI		ICATE OF DEATH	REG. NO.	160	8 2
	CEASED NAME FIRS		L.	Hub	er	June 6,		26 HOUR 9:45 PM
1,58		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White		Octo	ber 11,1922	63 YR		HOURS MIN.
8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	what country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Cou		MD
	Baltimore	(IF NOT IN SUC	716 Placi	d Ave	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKIN Homemaker		BUSINESS OR
130.		ME OR OTHER INSTITUTION. COUNTY Baltimore	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltin	'N	13d INSIDE CITY LIMITS? YES NO 🖺	13e.STREET ADDRESS / ZIP C	Okve. 212:	34
4. F	ATHER'S NAME Walter	MIDDLE A.	Lynch		Mary	WE MEDDLE	C1's	app
	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) {IFYI	S. ARMED FORCES? ES. GIVE WAR OR DATES)	16h SOCIAL SECU 218-14-7		Carroll Hub	per Same As #13	e 21234	A
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME Canditions, if any, whice gave rise to immediate cause (a), stating the underlying cause loss	DUE TO, O	R AS A CONSEQUE	M ENCE OF	era také <del>6.</del>	Camer gr	//	NATE INTERVAL NSET AND DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM		GIVEN IN PART 110  YES, WERE FINDING RTIFYING CAUSES C	GS USED
NCAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A.	M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MED	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	ZHE LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this saw the deceased aim above, (1) (was (40)) (d	ean Mar	19, 19.		or Uary , 19 85 and that in my Jour apinian	, ta		

Paul Chang M.D.

5601 Loch Raven Blvd.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Baltimore, Md.

23a BURIAL, CREMATION, REMOVAL Burial 6-10-86 23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

22e. ADDRESS

DEGREE

236 LOCATION CITY OR TOWN Parkville, Baltimore

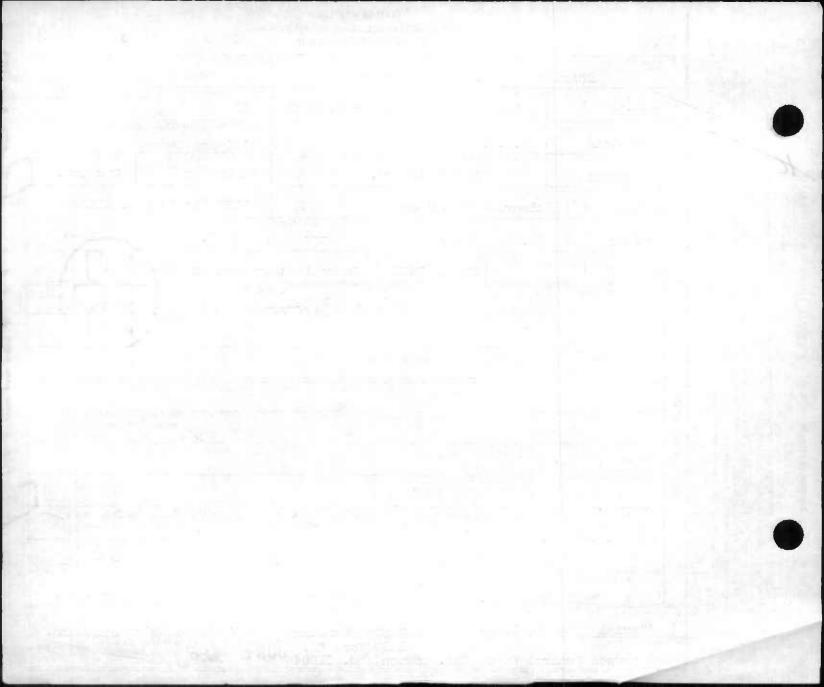
STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

DRTANT

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1050 York Rd Ruck Towson Funeral Home, Inc. Towson, Md. 21204



00-0900

CTAT	EOE	MARY	CMAI
2121	LVI	INDER I	PHILIP

O	d.	
O	REG	NO

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	YGIENE 8	REG. NO.	6	083
		CEASED NAME OR PRINT)	elen		V.	j	Hudak	20 DATE OF DE	ATH MONTH	9 82	12:18
	3 SE)	FEMAle		LACE	hite	S. DATE C			YRS	MUNTHS DAT	S HOURS MIN.
5	To BI	RTHPLACE (STATE OR I	NIA 1	b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED DIVORCED	BALTIMORE BALT	CITY OR COUNT	IY OF DEATH	W
8	7	TOWSON		St. V	OSEPH'S	HOSP	or other institution	120 USUAL OC (TYPE OF WORK FO Housewi	R MOST OF WORKING		O OF BUSINESS OR RY
5	13a S Ma:	AL RESIDENCE (# NURS TATE ryland	Balti	ſΥ	IBC CITY OR TOW Rosedale	VN	13d Inside City Limits?	8418 Co	oress/zipcod	DE	21237
0		THER'S NAME FIRST	M	E.	Michael,	, Sr.	15. MOTHER'S MAIDEN N FIRST Ruth		H.		llwood
1		VAS DECEASED EVER ES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES!	218-26-9		John J. Hud	lak	ADDRESS	e as 13	
		18 CAUSE OF DEAT PART I. DEATH W		BY.			Tiple			BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
1		Conditions, if any		DUE TO, O	CABL	ENCE OF					
		couse (o), stotin underlying couse		DUE TO, O	CAO -	ENCE OF	ROTIO ART	ER) AT	evile	19.7	
	N		^	no no			NOT RELATED TO THE TE	AMINAL DISEASE O	-	IVEN IN PART	110
2	TIFICATION	19a DATE OF OPERA					N WAS PERFORMED	200 AUTOPS	Y? 20b. IF YI	ES, WERE FINI FIFYING CAUS YES	DINGS USED SES OF DEATH?
7	CAL CERT	210. ACCIDENT WAS UNI	CAUSE OF DEAT	311	DE INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCU	JRRED   ENTER NATURE	OF INJURY IN ITEM 18	PART TORPART 2	7)
	MEDICAL	21d INJURY OCCUR			OF INJURY REET, FACTORY OFFICE,	FARM, ETC )	211 LOCATION STREET	(	ITY OR TOWN	COUNTY	STATE
		22a I certify that (I) saw the decease above, (I) (we) (	ed alive on_	4/6	19		nd that in (my) (our) apinio	on death accurred a	n the date and ha	our and Irom t	
1		27h SHGHAYURE	1/1	Col	bull a	10		MEDICAL DIRECTOR	STAFF PHYSICIAN [	6/	5 / Sta
		3/65	hen	H. P	block	<u> </u>	27e ADDRESS 2 4	W. CL	in his	ST.	2124

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

7922 Wise Avenue

6/12/1986

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Gardens Of Faith

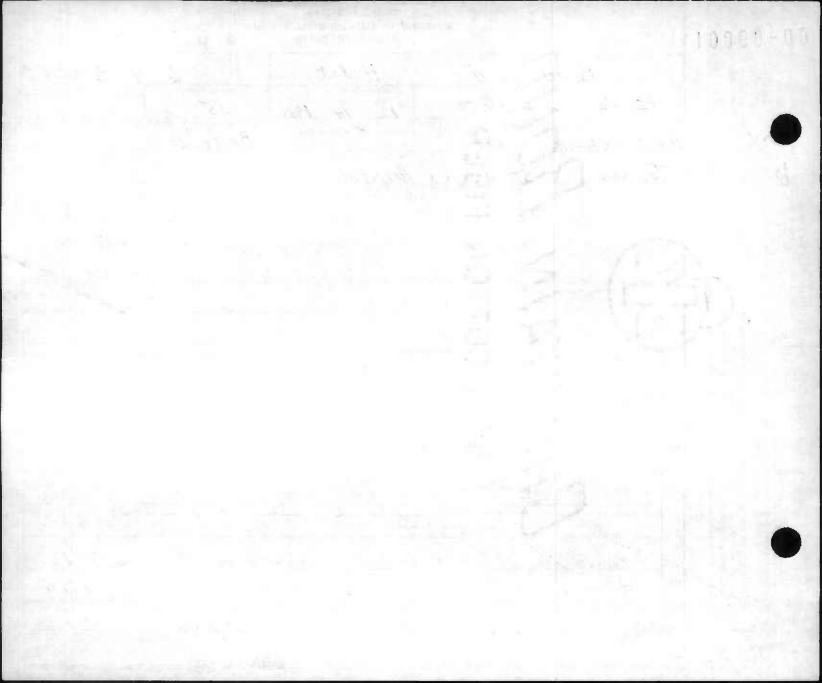
23d LOCATION CITY OR TOWN Baltimore

COUNTY Maryland

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

21222 Dundalk, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



U	gund	U	9
	1	)	ment rook 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANDS, 201	4	×	LENDING PHYSICIAN: The low requires that the death certificate be executed within a found of any sixtent of the control of a strength of the control of the
	4		- 5

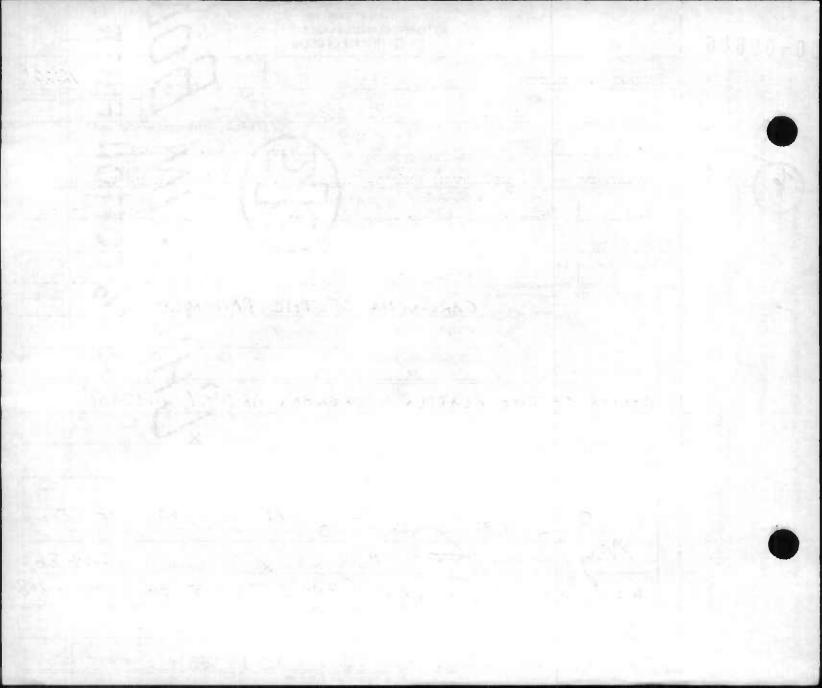
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 6 CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME MIDDLE 2b. HOUR Frank J. Hudson 6/14/86 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX YEAR 8/12/00 Male Cauc. 85 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MO USA Balto. County DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126\_KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INCHOWN Baltimore 9 Belhaven Drive, 21236 Administrator Luggage USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13¢ CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Balto. Balto. 9 Belhaven Drive 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Hudson Barbara Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATEST Lillian Hudson, 9 Belhaven Dr. 21 213-10-7609 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: PANCREAS THE ARCINOMA IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate or other cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARTER CORONARY ISEASE CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS LISED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows YES T NOM 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY FINTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 morked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INILIRY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK 22a L certify that (1) (this haspital) attended the deceased from 3 saw the deceased alive or and that in (my) (aur) apinian death accurred on the date and have and from the If Item 21 abave, (1) (we) (did) (did no) view the bady after dea DEGREE 22c DATE SIGNED M.D ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 300 E. 3321 ST BALTO, MD. 21218 KARACUSCHANSKY H.I 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Balto., Md. Burial 6/17/86 Gardens of Faith 24 Schimunek Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE June Davidson-Non as 3331 Brehms Lane, Balto., Md. 21213

DHMH - 16 60M 7/B4 (VRA 15, 4)

en signed by the attendi . Then please remove can ar to burial, cremation, o

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burnal-transit permit. with the State Dept. of Health and Mental Hygiene prior

prior



10263		FOR STATE REGISTRAR		CERTI	HEALTH AND MENTAL HY FICATE OF DEATH	O O REG. NO.	6 U 8 5
. n∉	1.	PECEASED NAME FIRST	anhina	7710000	fwpi		4 : -
d doop	3	Mrs. Jos	ephine 14. RACE		OF BIRTH	June 19 1986 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
4 90		male	Caucasiar	MONT		84	MONTHS DAYS HOURS
of the Col	70	BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
the 15 /6/	Au	stria	United St	tates WIDOW			
on the second	100	Limore	Katherine	HOSPITAL, NURSING HOME UCH FACILITY, GIVE STREET ADDRESS) ROBB NURSING HOME	ne	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	12b. KIND OF BUSINE INDUSTRY
titled in guidable		SUAL RESIDENCE (IF NURSING HOME STATE 13b. CC ryland Baltir	UNTY	N. GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Randallstown	YES NSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 9201 Liberty Road	21133
(10)	611	FATHER'S NAME seph Leonardi	MIDDLE	LAST	15. MOTHER'S MAIDEN N	WIDDLE	LAST
	16		ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 112-18-1361 A	Mr. Rottis Yob 9201 Liberty	ADDRESS Road Randallsto	21133  win Maryland  APPROXIMATE INTER BETWEEN ONSET AND
great by the off in please remove bursel, cremate by, as offer trau			(c)_	OR AS A CONSEQUENCE OF	T NOT RELATED TO THE TEI	RMINAL DISEASE OR CONDITION GI	VEN IN PART Ito
he low requirement the prior to lows only injury	7	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH OPERATION	DN WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEAT ES NO
SCIAN 11 g physici certificate rightenul mad trygi	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19		JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
offer this on the burning of the burning or the bur		21d. INJURY OCCURRED  WHILE NOT WHILE NOW WORK	21e. PLACE (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY 51
ATTENDS spiral or CTOR, A of for one i. of Health		220.1 certify that (1) (this ho saw the deceased alive above, (1) (we) (did) (did	on 611	19		in death accurred on the date and ha	
TAL OR y the he RAL DIRE		22b. SIGNATURE B/	Ceer	m	DEGREE ATTENDING PHYSICIAN		6 SIGNED
2 4 4 4 4 4	1	22d PHYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRESS	0001 6	
D HOS Touried The the		Rubet (C	100000	recon	81504	11.	all,
Bb TO HOS should should with the with the	-{	Burial  FUNERAL DIRECTO		23c. NAME OF	CEMETERY OR CREMATOR	y 23d LOCATION ardens, Finksbur	ra. Md.

				-		
	13.0		81 7 20			
	yanna mandid		X	seast built		30
	9.15,00			KAR MUTANISM		delle
	had around the				illes i	auti.
					dricect	
EENS maleut to		TO THE SE	10045			
				254		
7 1 2						
					4.0	
anigutt eggs						

FOR

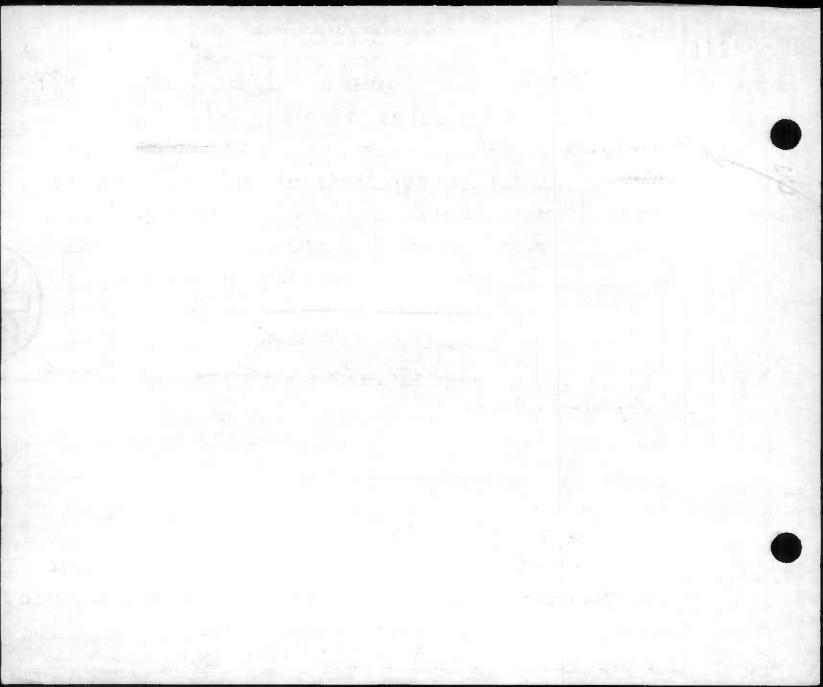
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

was varidon-vandalas

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME ELEEN 20. DATE OF DEATH JAGO (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) 1.5EX 5. DATE OF BIRTH IF UNDER LYEAR emale BIRTHPLACE ISTATE OF FOREIGN WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) outh africa WIDOWED DIVORCED Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Towson Homemaker Own Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? Baltimore Timonium Maryland NO to 326 Presway Rd 21093 HATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James Arthur Hebbard Emilv Pope 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATEST No 011-50-7096 Jocelyn J. Palmer - same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a), stating the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I o Wiseau 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES 718 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 220 I certify that (It this haspital) attended the deceased fram and that if (my) (aur) apinian death accurred an the date and haur and liam the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN -DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN (SPECIFY) COUNTY Westview Crematory Md. Cremation 6-6-86 Balto. 24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHWH : 16 60M 7/84 (VRA 15, 4)



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	U	8
7.		

	,		
/	نع	5.	
	ě	14	
-	90	-	
-	5	-	
	0	1	_
	t be	1	
	TE		1
-	ner	-	_
1	armi	2/	1
1	10		
	dico	1	
۲	me	1	
	E		
3	ent,		
,	ev		
	otic		
3	OUT		
	r tr		
	athe		
	0		
)	ury		
3	y in	_	
_	shows on	6	9
	6	>	į
10	8 5	-	
3	ma	-	0
	r He	1	f
)	red or	-	
	orke		
3	21 is marked		
3	21		
	Hem 2]		
,	FF		
	N. F.	_	

ne funa	within 7	-	ad by	1
in by th	pe filed	(	be hery	1
y filled	hould t		香見る	4
ompletel	and 2 s	- The State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	IMPORTANT: If them 21 is marked on them 18 shows any injury, or other traumatic event, the medical examiner must be legisled by a	3
and c	Pages	4.	medical	1
hysicia	papers.	dvol.	ent, the	
guipu	corban	, or ren	notic ev	
the atte	remove	emotiar	er fraur	
ned by	please	uriol, cr	y, or ath	
een sig	nt. Then	riar to b	ny injur	_
te has t	isit pern	giene p	shows a	5
ertifico	riol-tror	ental Hy	tem 18	
er this o	the bu	and Me	ked or I	4
OR: Aft	ar Use as	Health	l is mar	
DIRECT	ched fo	Dept. of	F Hern 2	
MERAL	be deto	- Stote	TANT.	_
TO FUR	shoold	###	MAPOR	1

REGISTRAR			. EIVIII	ICAIL OI DEATH	REG. NO	).		14
DECEASED NAME FIRST	MI	DOLE	ı	AST		MONTH DA	Y YEAR	26 HOUR
	beth A.	JAKUBIK			JUNE 5, 19	86		3:57 a
Temale	4. RACE White		DATE	DE BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HR
Baltimore, Md.	76. CITIZEN OF W USA		MARRIE VIDOWE	D NEVER MARRIED DIVORCED D	Baltimore city o	_		٨
Rossville 21237		SPITAL, NURSING		or other institution tal	TYPE PE WORK FOR MOST OF THE PROPERTY OF THE P		126 KIND C	DF BUSINESS C
USUAL RESIDENCE (IF NURSING HOME OR IS STATE IN		WE RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS? YES NO 🔼	13e.STREET ADDRESS / 2421 Bea	zip code ch Ave	. 212	221
	niak	LAST		15 MOTHER'S MAIDEN NAM	Wielepski		LAS	
60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 1 E WAR OR DATES)	66 SOCIAL SECURIT 218 05 17		Marlene E. M		937 Ho Balto.		
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY: E CAUSE (o) DUE TO, OK	AS A CONSEQUENCE	CE OF	Diabeto	helli	Keens	8 G	ns yns
PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	INAL DISEASE OR COND		WERE FINDI	
RIFIC			ERATIO		YES NO	IN CERTIFYI YES	NG CAUSES	NO [
OR CONTRIBUTING CAUSE OF DEA	P.M	. MONTH DAY	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	1 I OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE Q	FINJURY FACTORY, OFFICE, FARM	ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a. I certify that Withis hospi sow the deceased olive on above, (I) (we) (did) did	4/2	1 19 8	60	nd that in (my) (aur) apinion o	, to death occurred on the do	, 19		that (I) (we) la couses stated

226. PHYSICIAN'S NAME (TYPE DE PRO Leopoldo Gruss, M.D.

405 Stemmers Run Road

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Balto 21221

23b DATE 6/9/86 23a. BURIAL, CREMATION, REMOVAL Durtal

226. SIGNATURE

Dulaney Valley Memorial Gardens

22e ADDRESS

DEGREE

Towson, Md.

22c. DATE SIGNED

6-5-86

DHMH - 16 60M # 18 (VRA 15, 4)

PA 1407 Old Eastern Ave JUN 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

		ALLEVED OF THE LOCAL PROPERTY OF THE PARTY O	
tel teas		Sent nico	
	. The galesteed . Smaller The galesteed and the state of		

			OR		D	STA		ARYLAND AND MENTAL	HYGIENE	1	6 11	8 1	3
1-11	1534		REGISTRAR		MED	ICAL EXAMI	NER'S	ERTIFICATE	OF DEATH	REG. NO.	0 0		
0 10	0004			FIRST		MIDDLE	LAST			OF ESTI-			26 HOUR
.12	A SA	1		Gary		*			DEAT	H MATED XX	6-7	19 86	м
	DRRECTI COUR FILL ON STR				MONTH DAY	YEAR LAST BIRTH	DAY) MONT		MIN. PRONO	UNCED	6-8	19 86	3:20 P. M
	POR ALL	FOR	EIGN COUNTRY)	OR	U.S.A.	AT COUNTRY?	John.	=	RIED 🛅	imorecity <u>or</u> ltimore (			MD
3/	SERVICE COLUMN	200			(IF NOT IN SUCH FACE	ILITY, GIVE STREET ADDRESS		ER INSTITUTION	12a. USUAL OCC FOR MOST OF W Stockma	CUPATION (TYPE OF YORKING LIFE)	1000	KIND OF BU OR INDUSTI 10011111	RY
10212		13a. ST	ATE	THE COUN	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS	ion)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADD	ninghaus	Road	2121	2
MD.	# - X 2 5 0 C	II. FA	THER'S NAME		MIDDLE	LAST				WIDDLE	Par	LAST	
ALTIMO	AFTER DSIVE PACES 1 AGES 1 AGES 1	I YE	S. NO, OR UNKNOWN)					Informant Leatrice	E. Clark	, 547 Be	nningl	2121 naus R	
201 W. PRESTON ST.,		N	Canditions, gave rise cause (a) sto lying cause I	I WAS CAUSEI IMMEDIA  if ony, which to immediate ting the under- ost.	D BY: TE CAUSE (o) H  OUE TO, OR A  (b)  DUE TO, OR A	Ianging AS A CONSEQUENCE AS A CONSEQUENCE	OF	OR CONDITION GIVEN IN P.	ART I (d).		8	ETWEEN ONSF	T AND DEATH
ITAL REC	HOULD B SPD "PEN CHIEF ME OF HEAL OF HEAL	IFICATION	190. DATE OF OP	ERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20	AUTOPSY'	
ISION OF V	ERTIFICATE S ING THE WO ED TO THE O SHOULD BE EPARTMENT PRIOR TO BL	EDICAL CERT	UNDERLYING CONTRIBUTING	XOR CAUSE OF I	HOUR A.M. P.M. TIE PLACE OF	6-7 19 8	sub	oject hang	ed himse	lf	4		
M	THIS CANDER WARDE PAGE 3	W	AT WORK	OT WHILE X	V	_			ay, Pik	esville Ba	teimor	e Co.	, Md.
•	DICAL EXAMINER: TE THE CERTIFICATE A SHOULD BE PRONED FINANTH THE SHOULD BE WASHING BE AND BE		death resulted f	ram: Notui	rol couses .	Accident , s	vicide X	Homicide  TITLE (SPECIFY)  Assistan	Undetermined	MORNER .	DATE	6-9-	
	Gary R. James    Sex   Race   S. Date of Birth   S.	1			1201								
25M	BP	24 FU	INERAL DIRECTO	2	ADDRESS		8.45	25a. DATE	REC'D. BY REGIST	RAR 256 REGISTE			co, M

	people side. 0 - 0 (people side)	May A da	- 3	7.7.5	lo sou	%
	X . W. H			.A.c	. 8	W101 TO
full discount and le	iodE:					ollimania
Ferror agrange Poad, 21212	1.13	Х	grito es	diy altic	ord 1-fer	THE PARTY IS
Par on	2.3	Lvo			James -	.Forotili
Lark, 147 Femingous for	rice E. C.	tse 1			£ . 8	0 °

25p DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

FOR

0-08744	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8 6	1 6	5 0	9 0
noy be		CEASED NAME ORPRINT) RO	FIRST		MIDDLE E	Joi	nes		1986		:30a M
ctor, pog	3. SE)			4 RACE White		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTHS DAYS			UNDER 24 HRS
deoth. Pog	7a. B1	RIHPLACE (STATE OR F COUNTRY) rth Caroli			WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
		TY OR TOWN OF DEA SSVille	тн	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, In Square	ADDRESS)	or OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR	OF WORKING LIFE)	12b. KIND OF B INDUSTRY Iotor V	
within 24 hours offer letely filled in by the d.2 shootd be filed wi grainer must be notified	13c. S		13b. COUNTY  Baltimore		TION, GIVE RESIDENCE BEFORE ADMIT 13c. CITY OR TOWN Essex		13d, INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / ZIP CODE 12 Langley Road			21221
de d	14. FA	THER'S NAME FIRST		MIDDLE E.	Joines		15. MOTHER'S MAIDEN NA FIRST ROXIE	AME  MIDDLE  A.  ADDRE	Ec c	Fox	
ote be executed siscian and compress. Pages I aprol.		/AS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	242-14-0	117	Mary E. Join			as 13	
equires that the death certificate in signed by the attending physici. Then please remave carbon paper to burial, cremation, ar removal, injury, or other traumatic event, the	NOI	Conditions, if ony, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, O	RAS A CONSEQUE Hyperten	SION	r Herniation,		DITION GIVEN	IN PART Ita	
0 - 0 >	CERTIFICATION	19a DATE OF OPERAT			3==0=	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN		S USED F DEATH? NO []
HYSICIAN: ding physics certification burial-trop Mental Hyper Item 18	MEDICAL CE	216. ACCIDENT WAS UND OR CONTRIBUTING (IFEITHER NOTIFY MEDIC 216 INJURY OCCURE	AUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	211 LOCATION STREET	RRED (ENTER NATURE OF INJU		COUNTY	STATE
OR ATTE ne hospita DIRECTO ached for Dept. of It	W	while Not what work at			ne deceosed from 1981	June 6 , or	2 , 19 80 and that in (aur) apinion DEGREE ATTENDING	June	3 19 ate and hour an	86	(we) last uses stated
TO HOSPITAL TO FUNERAL Should be dete with the State	/	22d PHYSICIAN'S NA Keitl	n Eng	lish, M.		771	9000 Frank	lin Square		21237	7
BP	Bu	URIAL, CREMATION, SPECIFY)  rial INTERAL DIRECTOR		6/6/1	.986 F	AME OF C	7	23d LOCATION CITY OR TOWN White Maj	rsh		ryland
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR D		Ruck, In Dund		land	21222 25a. DA	UN 6 BES	d	Malianak	

	0
	ter
5	O
20	5
7	d .
2	24
4	5
> OC	= /
₹	70
2	- ie
or m	ec.
9	9
=	Pe
¥	9
0	0
Z.	ŧ
Z	0
2	t o
S	de
D.	e
₹	÷
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ŧ
20	5
Š	-5
~	ě
ŭ	3
2	0
¥	The con
=	7 8
Ĺ.	Ay
0	200
ó	수
2	P en
≥	5 6
Q	ā ò
	Z o
	T de
	A Po
	0 0
	A +
	PIT
	Sop
	I
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer d retained by the haspital or attending physician.

	1				STATEO	F MARYLAND					
	1.	FOR STATE		DEPARTA		LTH AND MENTA	29	3 6	16	0	3
- 10801		REGISTRAR				AIE OF DEATH		REG. N			
m.c		OR PRINT)		AIDDLE	LAST		20 D	ATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
noy be poge 3 er deoth		MAR	CGARET	E.	VON.	ES		6	0/2.0	0/86	12:25 PM
	3. SE	(	4. RACE		5. DATE OF	BIRTH	6 AG	E (IN YEARS LAST B	RTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
ge 4	1	FEMALE	CA	uc.	Aug.	17, 190	őο	85	YRS.	DATS	HOURS MIN.
d 0.0		RTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIE	9 BA	TIMORE CITY		DE DEATH	
deoth.		aryland	U.S	.A.	WIDOWED			BALTIN	10RE (	OUNT	rel MD
	10. €	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET APORESS)				SUAL OCCUPAT		12b. KIND O	F BUSINESS OR
by the	-	Towson		OSEPH H		11		lesper		Dept.	. Store
on un			HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)					2	1224
T 4 0 0 10 10 10 10 10 10 10 10 10 10 10 10		aryland E	Baltimore	Parkvi	7 7 1	d. INSIDE CITY LIM YES 🕅 NO F	NITS? 130 ST	REET ADDRESS	ZIP CODE	idae I	Rd.
etely fill		THER'S NAME	Dai cimore	Tarkvi		MOTHER'S MAID		14 1(11.	9 5 10	rage .	
3 80		FIRST	WIDDLE	LAST		FIRST		WIDDIE		LAS	1
o lo	140.3	Philip VAS DECEASED EVER IN	ILC ABASED CORCECS	Thies 166. SOCIAL SECU		Margare	et	Elizab	eth	Fresc	<u>ch</u>
n ond ce Poges			IF YES, GIVE WAR OR DATES)				3.50		ESS 212:		
0 0 0		No		212-28-	4211	Thelma I	Bauer,	2914	King !		
physical physical physical popper movol.		18 CAUSE OF DEATH	Enter only one couse per S CAUSED BY:	line for (o), (b), on	d (c).)	0	_			BETWEEN	MATE INTERVAL ONSET AND DEATH
rhfic a ph on p emo			MEDIATE CAUSE (0)	( e Re	Grat	7	Time	R			
ding or r		1	DUE TO, OF	R AS A CONSEQUE	NCE OF						
e deoth ce cortendin move corb totion, or t		Conditions, if ony, v									
he o emo emo		gove rise to imme		R AS A CONSEQUE	ENCE OF						
by the		underlying couse	lost.	CAS A CONSECUE	LINCE OF						
ned b		PART 2. OTHER SIGNIF	ICANT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT NO	OT RELATED TO TH	IE TERMINAL D	ISEASE OR CON	NDITION GIVE	N IN PART 110	0
sign Then to bu	N O	ARTE	4 oschert	c COAN	17: 14	ASCULA	. 6	isean			
beer mit.	CERTIFICATION	19a DATE OF OPERATIO	ON 196 CONDI	TION FOR WHICH	- U - U	1	200	AUTOPSY?		WERE FINDIN	
N. So os	ΙĔ						YE	S NO D	IN CERTIFY YES	ING CAUSES	OF DEATH?
	3 3	210. ACCIDENT WAS UNDER	LYING 216. TIME O	F INJURY	1	The HOW INJURY C					
CIAN: 3 physics of tror of tror of tro of tro of tro	8	OR CONTRIBUTING CAL	JSE OF DEATH	M. MONTH DA	AY YEAR						
S D D D D D D D D D D D D D D D D D D D	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE			19	II. LOCATION					
	ME	WHILE NOT WHILE	LAT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR T	NWO	COUNTY	STATE
ING PH		AT WORK AT WORK				24/	01.	77.	21	631	
USe Heol		220.1 certify that (I) (H	his hespital) offended the	deceosed from_	The ond	, , , ,	8 P., 10	Jan			that (1) (we) lost
Sprite Sprite CTO CTO CTO CTO 121		obove, (I) (well-the	olive on Tune	after death.	, ond	that in (my) (our) o	pinion deoth o	occurred on the	dote and hour	and from the	couses stated
OR J DIRE DORE Dept		22b. SIGNATURE		01	DE	GREE				77: DATE	SIGNED /
AL DAL DAL DAL DAL DAL DAL DO STE DOTE D		2m	e & To	K	m/	7 ATTEND		CTOR PHYS		6/	2406
HOSPITAL ned by the FUNERAL uld be det to the Stote		THE PHYSICIAN'S NAM	E (TYPE OR PRINT)	0	2	Ze. ADDRESS		1	1	-	-
0 0 0 0 0		George	E.LAI	Cocca 1	mo	7600	5051	er t	/R1-	e	
Of of Ording A	230	BURIAL, CREMILLION, RE	MOVAL 23b. DATE	23.	NAME OF CEM	ETERY OR CREMA	TORY T23d	LOCATION			
BP		Burial	June30		oudon		F	Baltimo	re	COUNTY	Md.
DF								D. BY REGISTRA		AR'S SIGNAT	
DHMH - 16 60M 7/B4	K	OBERT C. A	ALTENBURG d Rd., Ba	LONERAL		, TINC .	111113	0 1986		- c-view!	
(VRA 15, 4)	0	100 Harra	.a na, ba	10. M	u. 2.	1214	11 0	~ 1000	1		

the state of the s

유럽 그 사 가이 나가 그 사이에 가장하다. [22] 나이 나이다.

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

24 FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md.

HOLY REDEEMER BALTIMORE 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MD. wha Davidson-Bandases

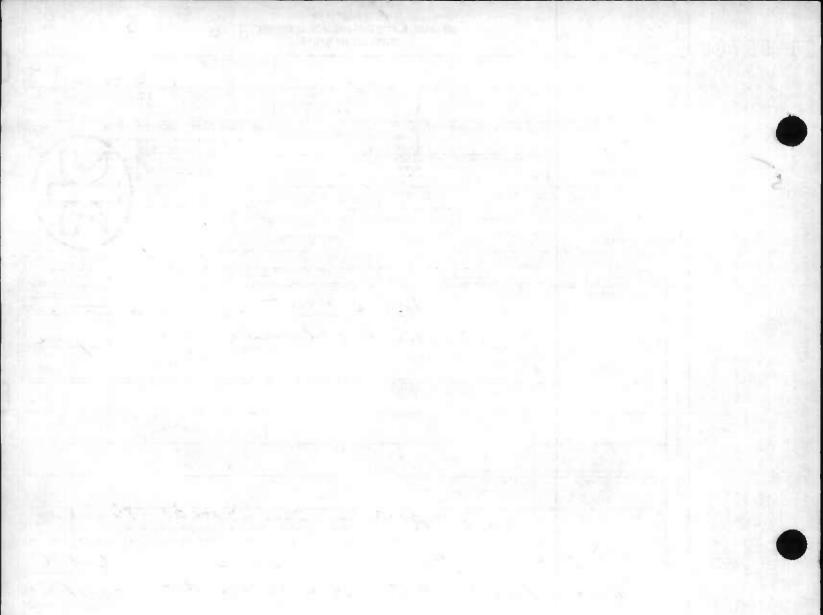
STATE

2b HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3

IF UNDER 24 HRS

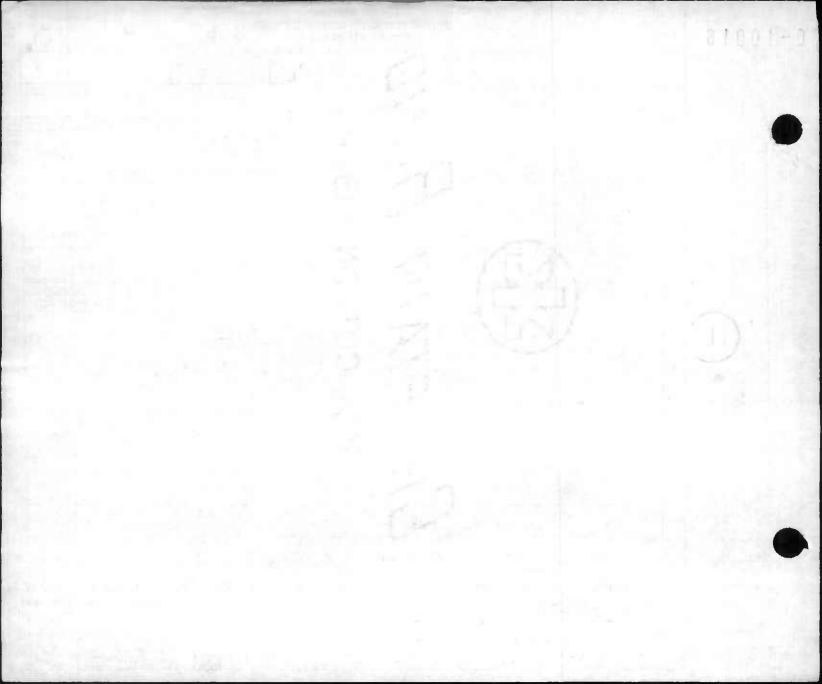


Julia Davidson-Randasse

24 FUNESCHIMUNEK FUNERAL HOME INC.

9705 Belair Rd., Balto. Md. 21236

DHMH - 16 60M 7/84 (VRA 15, 4)



	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
(	-
R ATTENDING PHYSICIAN. The law requirements in the certificate be executed within 24 hours offer about Page 4 may be	0
haspital ar attending physician.	8
IRECTOR: After this certificate has been significant and in a physician and completely filled in by the funeral director, page 3	3

	1.	FOR	DEPART		E OF MARYLAND	IENE	165	9 4
08318		REGISTRAR		CERTIF	ICATE OF DEATH	8 6 REG. NO		
ecth 3					AST			2:35p M
E d a	3 SE	x	4 RACE		DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY] IF UNDER I Y	
red urs	1	Female	White		. 27, 1895	90	YRS.	
DEFARTMENT OF HEALTH AND MENTAL HYGIENE  TO GO TO GO TO THE CONTROL OF THE CONTRO		<b>d</b> MD.						
ofter to the full with	1		IN SUCH FACILITY, GIVE STREE	T ADDRESS)		TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	ID OF BUSINESS OR IRY
24 hours	13n	STATE IUI GOU	THER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21206
d within d 2 sp		ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ΛĒ		LAST
Cole		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC			<b>LAPPRE</b>	Borl	21643
Poge Poge			214-03-	-3924	D Wilbur Go	ldschmidt	Rte. 2	Box 69
person		18 CAUSE OF DEATH (Enter to	nly one couse per line for (a), (b), a				APF BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
phy mpa mav	100	PART I. DEATH WAS CAUS	ED BY: Cardion	lmona	ry Arrest		torial to	
ding arba or re	3 1			JENCE OF				
acm.			( Overwe	elming	Sepsis			
<b>8</b> )		cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
signi herr piec a k ma jury, ar	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PAR	î lio
w rec	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED
has la perr	48	Fig. 1	4			YES TO NOTX	IN CERTIFYING CAU	SES OF DEATH?
physicic physic ph	4	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH C		21¢ HOW INJURY OCCURR			
YSIC ding s cer s ce s cer s ce s cer s cer s cer s cer s cer s cer s cer s cer s cer s ce	DIC/			19	211 LOCATION			
G PH otten o	ME	WHILE NOT WHILE		FARM ETC )		CITY OR TO	WN COUNTY	STATE
Afti Se of man		220-1 certify that (I) (this hasp	ital) attended the deceased from.	June	1 19 86	June I	. 19_86	, that (I) (we) last
prital prital TOR for u		sow the deceased alive or	June 1	86	nd that in (my) (our) opinion o	death occurred on the do	te and hour and from	the causes stated
has ched ched bept Item			1 20				1	ATE SIGNED
TAL of the RAL I deto fote L		1 / 8	D./W.		PHYSICIAN [	DIRECTOR PHYSIC	IANIE	-1-46
tained by the Sould be only the S		Jay I	IXN Stern	,	9000 Frankli	n Square Dr	ive 21237	
₩ 5 € 7.	23a.	I SPECIEY)				CITY OR TOWN	COUNTY	STATE
BP	24-1							Md.
							25b. REGISTRAR'S SIGI	-handelle

8

6500 York Rd.

MITCHELL-WIEDEFELD HOME. INC.

G-617, 8/4/86 by F.H., STATE OF MARYLAND

- STATE

(VRA 15, 4)

10/m (65 Coult Standard Manager Country and Country from the property of the property of the party of the par

	la	
	0	
,	0	

6

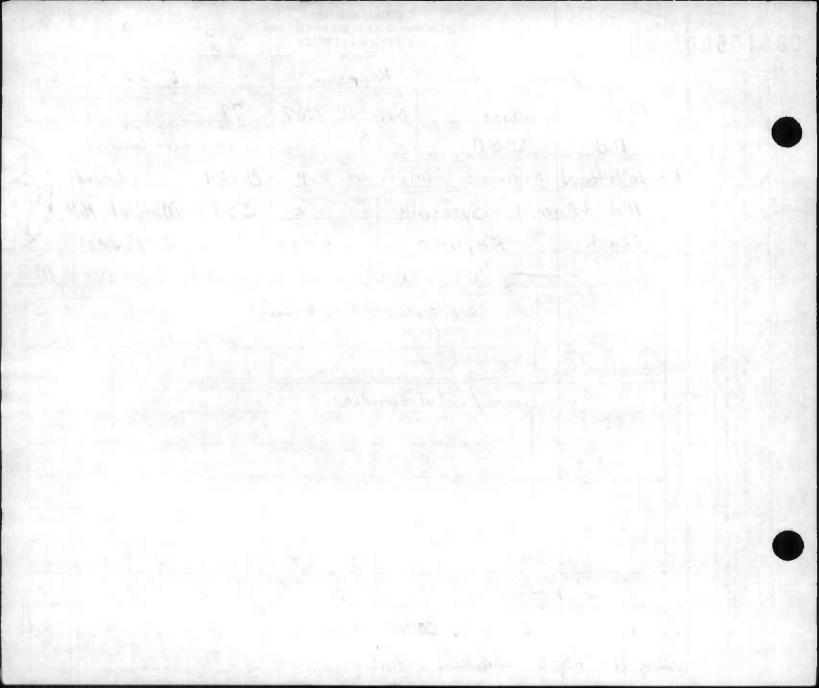
0	1 -	FOR STATE REGISTRAR	DEPAI	COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NO NORCED BALTIMORE CITY OR COUNTY OF DE WIDOWED NORCED NO NORCED SALTIMORE CITY OR COUNTY OF DE WIDOWES AND STREET ADDRESS / ZIP CODE TO NO NO NORCED NO NO NORCED NO NO NORCED NO NO NO NO NORCED NO	, 0	4	O			
-1		CEASED NAME FIRST	WIODIE	, '	AST	20. DATE OF DEATH	MONTH OAY	YEAR	26 HOUR	
	11176	Maso	in C.	K	appaum		6 22	86	7:3:	5 AM
	1,9€		RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24	HRS
1	-	MAL	while	MONTH	24 1977	79		S DATS	HOURS	MIN.
20	7a. B1	RTHPLACE (STATE OF FOREIGN & )	b. CITIZEN OF WHAT COUNTR	RY? 8	- 27, 1707	9 BALTIMORE CITY C		DEATH		
5		COUNTRY)	11 5.0	MARRIE			_			
	T CI	TY OR TOWN OF DEATH	1) NAME OF HOSPITAL NILIP					L KIND OF	DITCINICO	MD.
5	RI	and alls town	Baltimore Col	eet address) Lnty Ge	1 11	TYPE OF WHILE DEMOST O	DE WORKING LIFE)		1	J OK
5	13a S	AL RESIDENCE (IF NURSING HOME OR O				13e STREET ADDRESS	ZIP CODE Mines	01 7	3198	24
1	FA	THER'S NAME			15. MOTHER'S MAIDEN NA					
21	/	FRANK	KAOSAU	n	Lillian	MIDDLE	5011	JAX	1	
V	16a .W	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS	012		
2	1	FES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES) 219 0	19252	Eleanor I	. Kapraur	Syk.	esvi	110,1	MC
		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	BY: Cool.	DUENCE OF	mary arnes	<i>b</i>			aate interva nget and de	
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T			NINAL DISEASE OR CON	DITION GIVEN I	PART 110		E
1	CERTIFICATION	190 DATE OF OPERATION	I b CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		IN CERTIFYING		OF DEATH	?
	RTI	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121- HOW INCHES OCCUR				но 🗌	
1		OR CONTRIBUTING CAUSE OF DEAT	LIGHTS A 44 MONTH	DAY YEAR	TIL HOW INJURY OCCUR	KED (FNTER NATURE OF INJU	RY IN ITEM IS PART	JK PART 2)		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)		19						
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC )		CITY OR TO	)WN	COUNTY	STA	ΛF
		22a I certify that (I) (this hospital saw the deceased alive an	6/22 19	0/	, , ,				hot (I) (we	
	r di	obove, (1) (we) (did) (did not 27b. SIGNATURE	view the body after death.		DEGREE			22¢ DATE S	SIGNED	_
_		y Boo	ton	7	PHYSICIAN [	MEDICAL STA		6/2	2/80	6
/		22d. PHYSICIAN'S NAME (TYPE OR IT - BL	osten		Both. Co	. Hospital				
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE 23 6-22-86	and of c	EMETERY OR CREMATORY	IN COLATION	ostad "	CASA	JI STA	MIL
H	24 FL	UNERAL DIRECTOR	A / / Aglodes	s M	25a. DA1	E REC'D. BY REGISTRA	25b. REGISTRAR	SIGNAT	Rendell	Rus
	1	amy TU. Haish	2 sympertle	1114	L. J	ON CO NO	1			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the



3

the funeral director, page 3

3

24 hours after death. Page 4 may be

within

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

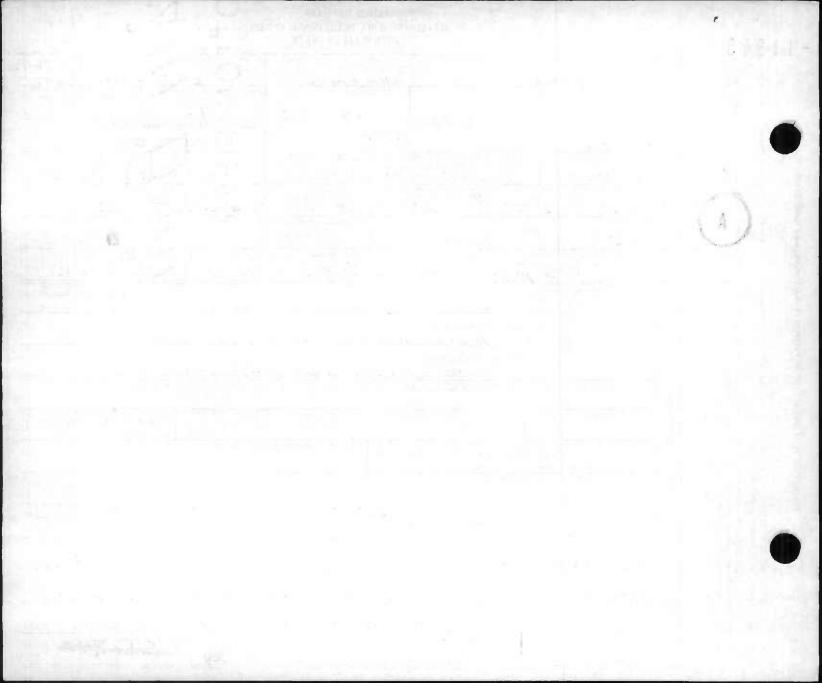
retained by the hospital or attending physician.

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar ather troumatic event, the medica TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		3 6 REG. N	0.	5 0	9	1
		CEASED NAME	FIRST		WIDDLE	(	AST	2a D	ATE OF DEATH	MONTH DA	YE AF	24/	198 P.M
		No	tha	0		kad			6.	- 30 -	1018		310 M
	3. SE		- 1	RACE	hile	S. DATE C	DAY YEA	R	E (IN YEARS LAST BIE	MC	ONTHS DA	AR IF UN	NDER 24 HRS.
0	7a B1	RTHPLACE (STATE OF FI	DREIGN 7		WHAT COUNT	RY? 8		9 BA	TIMORE CITY C	R COUNTY O	OF DEATH		-
A STATE OF THE PARTY OF THE PAR	N	EW JERSEY		USA		XXXXXX WIDOWE	DIVORCE		BALTIM				MD.
1	Ы	TY OR TOWN OF DEA		(IF NOT IN SU	CH FACILITY, GIVE ST	TREET ADDRESS)	GEN. HOSP.		SUAL OCCUPAT OF WORK FOR MOST O SIGNAL	OF WORKING LIFE)	INDUST		RMY
36	130. 5	1	I3b. COUNT BALTI	ſΥ	13t. CITY OR T		13& INSIDE CITY LIM YES 🔣 NO		REET ADDRESS NOBILIT		#211	17	
13	19 E	THER'S NAME FIRST	м	IDDLE	LAST		15. MOTHER'S MAIDI		WIDDLE	1	FRRE	LAST DM A A T	
9	160 V	LOUIS VAS DECEASED EVER	IN IIS ARA		AUFMAN	ECHRITY NO	17 INFORMANT	NNIE	LILLFAN	ESE AT IEM 7		DUAIN	
/	- 12	ES NO OR UNKNOWN)		WARDR DATES)		03-7156	6E NOBIL					211	17
		18 CAUSE OF DEATH	1 (Enter only	y ane couse pe	r line far (a), (b	i, and ici.i		-		340	BETWE	ROXIMATE I	NTERVAL AND DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10) C. C. C. P. C P. J. I'ME AREA CAUSE A PART A											
		Conditions, if any, gove rise to imm cause (a), stating underlying cause	nediote g the last.	(b)	PRASACONSE PRASACONSE	OUENCE OF	conor Le	101	are 3		40		
	Z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	E TERMINAL D	DISEASE OR CON	IDITION GIVE	N IN PARI	110	
9	CERTIFICATION	19a. DATE OF OPERAT	ION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED		AUTOPSY?	20b IF YES, IN CERTIFY YES	ING CAU	SES OF D	
1		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	" 1	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY C	OCCURRED (E	NTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART	2)	
	MEDICAL	21d INJURY OCCURR	ILE 🗀	21e. PLACE   AT HOME, ST	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC )	211 LOCATION STREET		CITY OR TO	OWN	COUNTY		STATE
		22a.l certify that (1) saw the deceose abave, (1) (we) (d	d alive an_	6 13	0	980,0	/3 © 19_nd that in (my) (our) o	SC, to pinian death o					
1		278. SIGNATURE  OLIGATION  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  278. PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDRESS										7/1	186
1		Allan	7.	C. he	LOUS	4 10	Ball.	Cou	11 6.	-	, ,	100	0
1	23o E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMA		LOCATION				
		BURIAL	1	JULY :	2,1986	GARRIS	ON FOREST		OWINGS		BAL		MD
34	24 FI	UNERAL DIRECTOR		OLLEVII	NSON &	BROS.,		So DATE REC'	D. BY REGISTRA	25b. REGISTR	AR'S SICE	LATURE	2.
	6	010 REISTE	ERSTOW	N RD.	BALTO.	, MD	21215	UL 3 -	1986 9	lia David	1001-1	- Inne	

DHMH - 16 60M 7/84 (VRA 15, 4)



IMPORTANT.

DHMH - 16 60M 7/84

(VRA 15, 4)

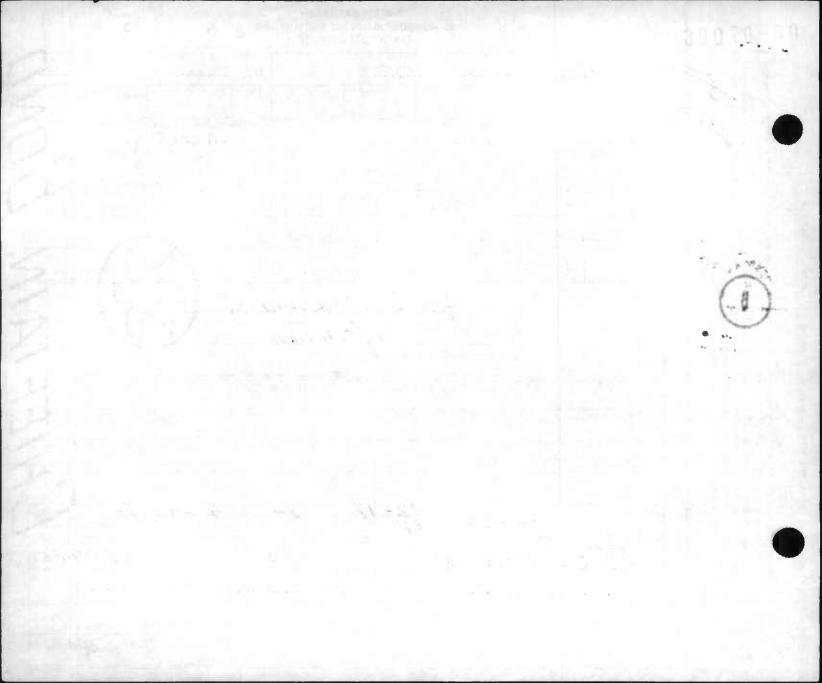
FOR STATE REGISTRAR

5	T	A	TE	OF	M	ARYI	AND
	_	_					

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

LOE	CEASED NAME FIR		MIDDLE		IAST	May 10 100		4:11p
	Melv		hua	KELLE		May 18,198		M
1.58	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		DATE HOURS MIN.
4	MAle	White			4-17	68	YRS	
	(STATE OR FOREK		WHAT COUNTR	MARRIE WIDOWE	DIVORCED DIVORCED	Baltimore city or		TH MD.
70	Essex		HOSPITAL, NURS HEACILITY GIVE STRI KLIN SQU	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) 126. KI	IND OF BUSINESS OR SIPGILL SIMP C. Contract
USU 13a	IAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	Balto.		134 INSIDE CITY LIMITS? YES A NO	30 STREET ADDRESS / 4513 Parkmo		
2	ATHER'S NAME Joshua	MIDDLE	eller LAST		Margaret	WE	Strau	ıb LAST
	WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SE 213-07-		17 INFORMANT Eileen F.Kel	ADDRES ler - 4513 P		ve21206
Г	18 CAUSE OF DEATH (E)	nter anly one couse per	line for (a), (b),	and ic			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
П	PART I. DEATH WAS C	AEDIATE CAUSE (0)	AC	nte	Myocar	dial	7 7 7	7.
	150	DUE TO, O	R AS A CONSEC	UENCE OF	al and	1	VIII	
	Canditians, if any, wh gave rise to immedia couse (a), stating ( underlying cause to	the DUE TO, O	r as a consec	OUENCE OF	y willies	7-		
-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	RT 110
CERTIFICATION	190 DATE OF OPERATION	1 196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE F IN CERTIFYING CA YES	
	21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALE)	OF DEATH HOUR A.	DE INJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCCURE			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE ALL WORK	21e PLACE			211 LOCATION STREET	CITY OF TOW	N COUN	TY STATE
	22a 1 certify that (1) (this	hospital) attended th	e deceased from	12-	18 19 84		9 1966	, that (I) (we) last
	saw the deceased all	did not) view the body	ofter death,	00	nd that in (my) (aur) apinion	death accurred on the dat		
	226. SIGNA CAT	Olules	him			MEDICAL STAFF		5-19-86
	A. H.	(TYPE OR PRINT) Ghiladi, M	.D.		7600 Osle	r Drive, Tow	ison, MD 2	21204
230	BURIAL, CREMATION, REM (SPECIFY) Burial	236. DATE 5-21-			d Cemetery	23d LOCATION CHIEBRITANNIM	ore,Maryl	and STATE
24 F	John C. Mil	ler Inv-64	15 BETai	r Rd	21206 250. DAT	AY 2 0 1986	SPREGISTRAR'S SIC	NAME OF THE PARTY



	þ	ge 3
	may	od a
	4	to
4	6	direc
•	E	25
	- 8	4
	NE	23
8	1/2	light.
64	100	5 m
S	24	fille
YLA	/ if	tely 2 sh
AAR	3 P	and
m.	15 et	S Con
AO.	e K	ond
E	9	rs.P
BA	cote	ysic
ST.,	ý.	d b
Z	5	dip
EST	deo	offer
04	ę	he
3	hot	by
20	e s	ple
DS.	5	Sign
0	5	neen
RE	0	os k
TAL	The	ite h
>	AN	ifico -tra
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 1301	ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hourself certificate be or attending physician.	OR: After this certificate has been signed by the ottending physician and completely filled in by the tuness if all a parmit. Then please remove corban papers. Pages 1 and 2 should be that any many 2 hours after death
S	PHY	this
<u>&gt;</u>	5 40	fter 35 th
۵	ō	A: A
	III 0	~ .

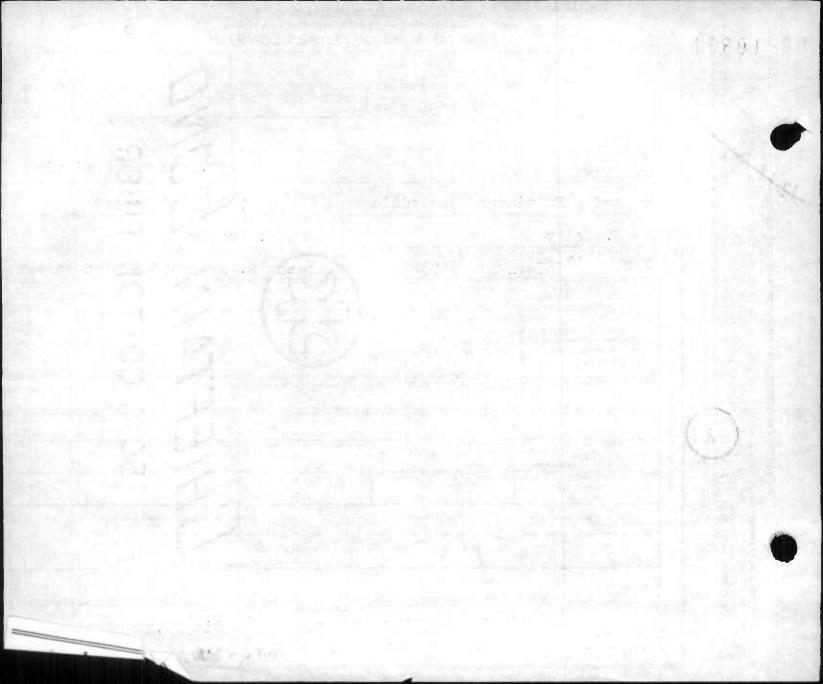
0-09861	L	FOR = STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	6099
may be poge 3 er deoth		ECEASED NAME FIRST PE OR PRINT)  THOMAS	MIDDLE	KELLER	JUNE 17, 198	6 7.45 M
ge 4 may lectar. pog	3. S	MALE	4 RACE WHITE	5. DATE OF BIRTH 7/19/1917 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  68. YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
<b>O</b> : ::8	24	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  WEST VIRGINIA	76. CITIZEN OF WHAT COUNTY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	CO. MD.
1 2		CITY OR TOWN OF DEATH EISTERSTOWN	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE STI 926 LINDE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b KIND OF BUSINESS OR INDUSTRY
filled in could be mustice	130	ATHER'S NAME	TO. REIST		130 STREET ADDRESS / ZIP COL 926 LINDELLE	N AVE. 21136
E BOOK	4	LUTHER	KELLER LAST	VENIA	ADDRESS	REEN
rificate be exect a physician and o an papers. Pages emoval. event, the angedica	160	WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)			R REISTERSTOW  APPROXIMATE INTERVAL MD BETWEEN ONSET AND DEATH D
DIVISION OF VITAL RECORDS, 201 W, PRESTON OR ATTENDING PHYSICIAN: The low requires that the death cehe hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending oched for use as the burial-transit permit. Then please remove corb. Dept. of Health and Mental Hygiene prior to burial, cremation, or the Health and Mental Hygiene prior to burial, cremation, or the Health and Attendance of the Mental Hygiene prior to burial, cremation, or the Health and Attendance of the Mental Hygiene prior to burial, cremation, or the Health and Attendance of the Mental Hygiene prior to burial, cremation, or the Health and Attendance of the Mental Hygiene prior to burial, cremation, or the Health and Mental Hygiene prior to burial the Mental Hygiene prior the Mental Hygiene prior to burial the Mental Hygiene prior to burial the Mental Hygiene prior to burial the Mental Hygiene prior the Mental Hygiene prior the Mental Hygiene prior to burial the Mental Hygiene prior the Mental Hygiene p	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	inminal Lung Cou	MINAL DISEASE OR CONDITION G	many months
	CERTIFICATION	19a DATE OF OPERATION  71a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
	MEDICAL C	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
		sow the deceased alive an	ital) attended the deceased from  1 101) view the body after death		death occurred on the date and ha	pur and from the couses stated
		22b. SIGNATURE	Sofray	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
O HOSPITAL efoined by the TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (	U	22e ADDRESS		
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY)		LAKE VIEW PARK	23d LOCATION CITYOR TOWN SYKESVILLE	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		FUNERAL DIRECTOR NAME FUNERAL	- ADDRE		TE REC'D. BY REGISTRAR 256. REGIS	

The second second second . . 4.0-173. 10121 The same of the sa THE AND REAL OF THE MANAGEMENT AND AND ADDRESS. Reading which the page of the powers and a subject of the second of the se

and the state of t

				DANIEL .				MARYLAND		WA SH		/\
N -	10331	1-	FOR STATE REGISTRAR	KELL		DICAL EXAM		AND MENTAL	OF DEATH	REG. NO.	10	U
0	10301		CEASED NAMI			MIDDLE		LAST	20 DATE OF	KNOWN (X) MON	TH DAY YEAR	% HOUR
	LRS. LET.			Danie		J.		elly	DEATH	MATED 6		M
	PA PER	3. SEX	M	4 RACE	5. DATE OF BIRTH	YEAR LAST B	(IN YEARS IF UN		R 24 HRS. 2c. DATE MIN. PRONOUN DEAD	ICED 6		12:00 noom
	AND STATES	FO	RTHPLACE (ST REIGN COUNTRY) MARYLA		76. CITIZEN OF WE	HAT COUNTRY?	8. MARR		RIED 🔲	imore Cou	JNTY OF DEATH	110011
M		10. CI	ROSEI	OF DEALH )ALE (XXX	Railroad	PITAL, NURSING H CILITY, GIVE STREET ADDR	IOME, OR OTH RESS) Chesa	ER INSTITUTION	12a USUAL OCCUP	ration (Type of wo	RK 126 KIND OF B	usiness Thg
No.	H. IF AND 2, AND 3, SHOULD 2 SHOULD AL RECOLD	13 <b>0</b> N	arylar	nd Bal	timore	13c CITY OR TOV Rosed		13d. INSIDE CITY LIMITS? YES NO		lst Str	eet 21	237
DRE, MD	DEATH.	Je		Kelly	WIDDLE	LAST		Mary E	AA1	IDDLE	LAST	
BALTIMOR	B. GIVE PARMITH FOR IT. PAGES I DIVISION (	16a. V	VAS DECEASEI	DEVER IN U.S. ARA WN) 126 OVE 10-	MED FORCES? WS 8 DATES) -31-64	2173289		Darlene	A. Kell	y 7925	31st St	reet
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I	XECUTED WITHIN 24 HOUR 1G". IN PENCIL IN ITEM 18. 24 EXAMINER ALONG W 24 BURIAL - TRANSIT FRMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL.		Condition gove ris couse (o) lying cou	ATH WAS CAUSED IMMEDIAT  This, if ony, which the to immediate stating the under- se lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUEN	Mult NCE OF	iple Injur			APPROXIMA BETWEEN ONS	te interval et and death
/ITAL RECOR	SPOULD BE ENDER OF THE WEIGHT	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	TION FOR WHICH (	OPERATION W	AS PERFORMED?		38	ABDOMES X	
DIVISION OF	TO MEDICAL EXAMINER: THIS CRITIFICATE SECURE THE CERTIFICATE WRITING THE WORLD SECURE THE CENTRAL BURGETOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF THE STA	MEDICAL CER	UNDERLYING CONTRIBUTION 21d INJURY C		21e PLACE C STREET, FACT	MONTH DAY M 6/ 23/10 DF INJURY (AT HOA FORY, FARM, ETC.)	YEAR 9 86 SU ME. 211 LO	bject laid	ED LENTER NATURE OF INJ On tracks CITY OR TOV Tracks Che	as trai	n approac	STATE
•			deoth results  ACTUAL  SKINATURE  EXAMINER'S	NAME GYE	e of the remains des	ABDOMEN.d	Suicide X	y X . Inspector . Homicide		ond in my		Md
07/84	TO NE EXECUTE PAGE TO NE EXECUTE PAGE TO FULL PAFFER BALLING	23a.Bi	JRIAL, CREMA PECIFY)  JRIAL	TION, REMOVAL 2	3b DATE 26-86	Garder	CEMETERY &	Faith	23d LOCATION	ore, Mary	ounty s	STATE
25M	DHMH - 17 (VR A15 ME (5))	6	HERAL DIREC	COR	AD-28	ll Chesa		25 DATE	N 2 4 1986		S SIGNATURE	No

DANIEL JAMES



		50
	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours along the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Illied in by the funeral discovered for use as the burial-transit permit. Then please remove carbon papers. Pages/Fand 2 shauld be the server at the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	1.11	complete). Illied in by metrics of and 2 regular be liked with
50	4	11/
213	1 2	P 4
SNO	6	100
RYL	, <del>=</del>	2
MA	70	Pup
RE	ecut	000
WO	e e	Pag
ALT		pers.
, . 8	lifico	phy n pa
SZ	Cer	ding orbo
STC	deat	ign,
PR	the contract of the contract o	remor
×	hat	by ose
, 20	res	n ple
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	The The
ECO	3 0	rait.
AL R	an.	has t pe
Ž	Z. Z.	rans
P	9 P	riol-t
O	HYS	e bu
Ĭ N	5 40	fter as th han
-	HOSPITAL OR ATTENDING PHYSICIAN: The Lined by the hospital or offending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physici uld be detached for use as the burial-transit permit. Then please remove carbon papers it he State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.
1	ATTE	OTO A for
1	o k	DIRE
	TAL y th	RAL
	os pa	d be
	Ĭ.	E 5 E

0-08373

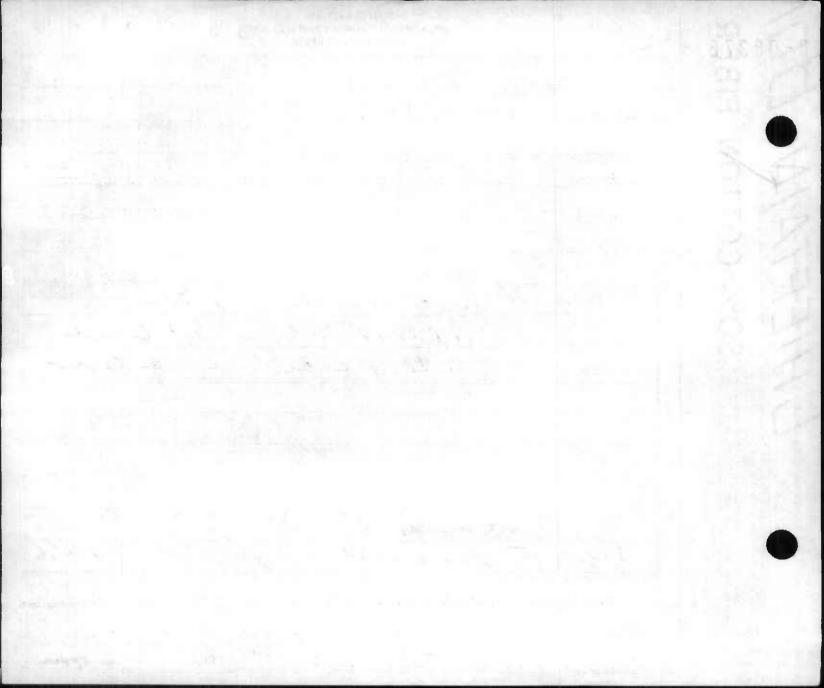
	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAN BEALTH AND ME ICATE OF DE	NTAL HYG	0 0	EG. NO.	6 1	0	Total Control of the
		ORPRINTI	FIRST	1	MIDDLE	i.	AST		20. DATE OF DEA	ATH MONTH	DAY YEAR	26 H	OUR
	,	On this in	Burnet	it	S.	Kenr	nev		Jun	e 2,	1986	10	:00R
	3. SE)	(	4	RACE		S. DATE C		YEAR	6 AGE IN YEARS		MONTHS DA		DER 24 HRS
	1	Male	600	Cauc	asian	Jar		890	9	6 ч	RS MONTHS	TS HOOK	5 MIN.
2		RTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY	? 8	NEVERMA	PRIED	9 BALTIMORE	ITY OR COL	INTY OF DEATH		
2		МД		USA		WIDOWE		RCED [	Balt	imore	Count	v .	MD.
1	10 CI	TY OR TOWN OF	DEATH 1		HOSPITAL, NURSI		OR OTHER INSTIT	UTION			126 KIN ING LIFE) INDUST		NESS OR
1		Baltimo	re /		ey View		sing Ho	me	Freigh				
1	JSU A	AL RESIDENCE (IF N	NURSING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFOR		113d INSIDE CITY	/ LIAAITS2 1	13e STREET ADD				
7		Marylan			Baltim			10 🗍			y Ave,	212	06
0	14 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S A		ME	DDLE			
1	1	Albert		ibott	Kenne	v	Ali	ce	MI	DULE	un	know	n
2	16a, V	VAS DECEASED EV			166 SOCIAL SEC	URITY NO.	17 INFORMAN	Г		ADDRESS			
-		no	THE TES GIVE	WAR OR DATES	717-07	-8457	Ethel	T. K	Kenney,	4404	Furley	Ave	,21206
	Z	Conditions, if a gove rise to couse (01, strunderlying co	immediate ating the use last	DUE TO, OF		BENCE OF	School		Cnd.			110	مر
7	CERTIFICATION	190 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORA	MED	200 AUTOPSY	IN CI	F YES, WERE FIN ERTIFYING CAUS	SES OF DE	ATH?
1		210. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	DAY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE			NO 71	
	MEDICAL	21d. INJURY OCC		21e PLACE (	OF INJURY SEET, FACTORY, OFFICE,		211. LOCATION		CIT	Y OR TOWN	COUNTY		STATE
		220.1 certify that sow the dece obove, (1) (we 22b. SIGNATURE	(I) (this hospite eosed olive on_ e) (did) (did not)			. 01	DEGREE	ENDING .	death occurred on	the date and	hour and Irom	the causes	
		22d PHYSICIAN'S			ricio,	M.D.	27e ADDRESS		old Spr			lto.	Md.
		URIAL, CREMATIC	- Walter and the same of the s	236 DATE			EMETERY OR CRI		23d LOCATIO	N			
	(	Burial		6/6/	86 E	benez	zer Met	h.Cem	n. Balt	imore	, Md.		STATE
- 1	74 FI	INFRAL DIRECTOR							E DEC'D BY DECIS			LATLIDE	

DHMH - 16 60M 7/B4

(VRA 15, 4)

FUNERAL DIRECTOR 33.31. Brehms Lane SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

JUN 4 1986



	- 1						E OF MARYI				. 1	0 2
		1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H CERTIF	ICATE OF		8 0		6 1	0 4-
- 19738	6. 1	) DEC		Stanley	MIDDLEMil	ford	<sup>AST</sup> K enr	odu	REG. 2a DATE OF DEATH		OAY YEAR	b HOUR -2
of the th	1	(TYPE	STAND			ENN		/		061	15/86	10 AM
OE OE		3 SEX		4. RACE		S. DATE C	OF BIRTH		& AGE (IN YEARS LAST	BIRTHDAY)		IF UNDER 24 HRS
ge 4 ector irs af		_ ]	Male	Whit	e	Fel		1915	71	YRS	MONTHS DATS	HOURS MIN.
oth. Po	Z	7a. 81	RTHPLACE - ( STATE OR FOREIGN		F WHAT COUN	TRY? 8.	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	OF DEATH	
	~		aryland	US		WIDOWE	DX D	IVORCED [	Cou	NT	(Bal	
the fundamental	10	10. CI	TY OR TOWN OF DEATH		EUCH FACILITY, GIVE	URSING HOME C STREET ADDRESS)	OR OTHER INS	STITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	T OF WORKING LI	FE) INDUSTRY	BUSINESSOR
n by the	20	[15]]4	TO W SON	ME OR OTHER INSTITUTE	. JOS	AFFORE ADMISSIONIL	1200	>p.	Plumbe	r	Comm	ercial
24 hour filted in ould be	35	13a. S	TATE 113h C	OUNTY Itimore	13c. CITY OR		13d INSIDE	CITY LIMITS?	130 STREET ADDRES	ont Av	e., 210	93
ely d		14 FA	THER'S NAME	WIOOFE	LASI			'S MAIDEN NAM	ΛE	100		
p 100	30	) ]	Powell	J.		nnedy	I	Amelia	MIDDLE		Albri	ght
7 1	1		AS DECEASED EVER IN U.S	S. ARMED FORCES	? 166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADD	PRESS		
9 5			Yes	WW II		09-5769	Stan	ley M.	Kennedy,	Jr.,	29 Gibbo	ons Bly
9 8 1 4			18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly one cause p	per ligie for rol, (t	o', and ig			21030		BETWEEN ON	ATE INTERVAL
ng li boil relli				DIATE CAUSE (0)	1127	vario		erua				
tendin e corb on, or i			Conditions, if any, whic		OPAS A CONS		Int. of	o d	istul	7116	,	
he de he at motic			gave rise to immediat	e )			00500		(5)	2000		
by the			underlying couse los		OR AS A CONS	SOURNCE OF	ind	no sis				
gned gned burg		7	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 110	
requestrates and the services of the services		CERTIFICATION	IN DATE OF OPERATION	Tio co.		USU OBSBATIO			Van Autoneya	Tan IF WE	S WEDS SINIONIS	
os be	7	FICA	5/22/86	196 CON	DITION FORW	HICH OPERATIO		20	200 AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES O	F DEATH?
N: The hysician cote horonsit pronsit property Hygier 18 show	5	ERT	210 ASCIDENT WAS UNDERLYIN	G 7 21b TIME	OF INJURY	COR	HOW	NJURY OCCURR	YES NO M	2	PART I OR PART 2)	NO 🗌
SICIAN: ng phys certifico prial-tror tentol Hy	9		OR CONTRIBUTING CAUSE C	PEDEATH	A.M. MONTH P.M.	DAY YEAR	U					
A Pies and P		MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY		211 LOCAT	ION	CITY OR	IOWN	COUNTY	STATE
or after the osther alth and		2	AT WORK NOT WHILE AT WORK	]	STREET FACTORY, OF	r/s	1.01		//	1	01	
al or			22a I certify that (1) (this I	AL PRODUCTION	the deceased to	1101	6, 30	19.00	, to	10		ot K (we) lost
RECTO RECTO Ped for Pept. of		par.	saw the deceased alive obove, Ha (we) (did) (did) (did) 22b. SIGNATURE	d not) vey the bo	dy ofter death.		DEGREE	(our) opinion o	death accurred on the	date and hou		
A DOOF			TO P	NIIS	101-			ATTENDING _		TAFF	22c. DATE SI	1786
HOSPITAL FUNERAL wid be der h the State	1		22d PHYSICIAN'S NAME (	TYPE OR PRINT)	nor	,	22e ADDRE	PHYSICIAN _	DIRECTOR   PHY	SICIANI	12/1	1/000
O HOSPITAL efained by t TO FUNERAL should be der with the State			A.P. ZAC	10Wi	1000		76	20 75	de Pd	,13a	eto M	132/22
5 € 5 # 3 ₹			URIAL, CREMATION, REMO		101	23c NAME OF C		- 1/	23d LOCATION CITY OR TOWN		GONNIA	STATE _
BP			Burial	6/18	3/86 ~	Dulaney	Valle	-	. Timoni	_	Balto.	Md.
DHMH - 16 60M 7/	84-	2	INFINAL DIRECTOR	el- Won	Spolden	200	257. K	250. DAT	REC'D. BY REGISTRA	AN 250 REGIS	RAR'S SIGNATU	reference of
(VRA 15, 4)	1	J.	E. Lowell	emmon	Z10 W	Pation	ia Rd.	- 00	1,41 1900	4		

STATE OF MARYLAND

- 1002 12022 - 11.3

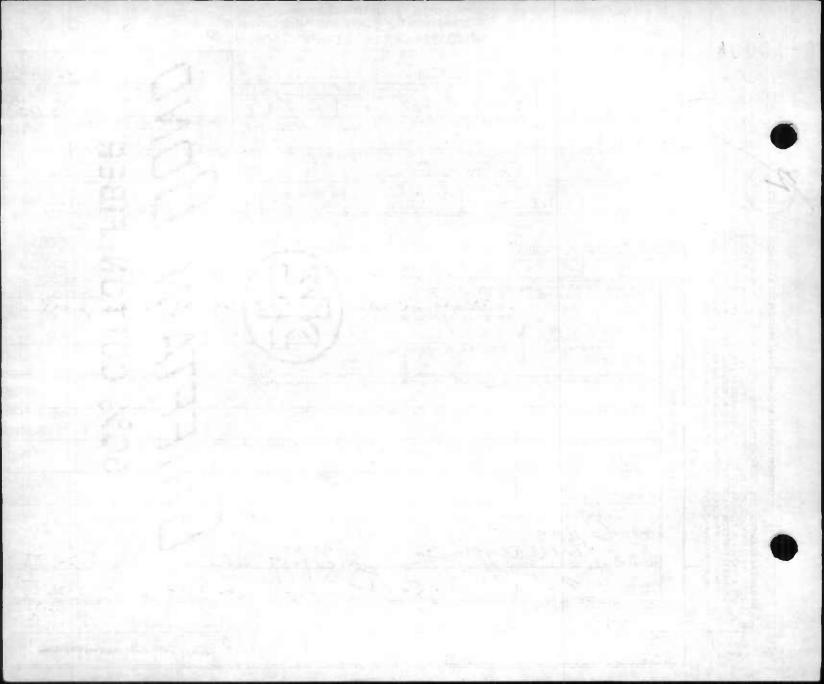
Miss 1 15 1 1

a selection determined in 179 set form, 1793 grant

in the state of the latest of

J. L. Love M. Loven Co., 15 ... - Coss xt.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) **GEORGE** LARKIN KIMBLE DEATH MATED 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MALE 9 03 WHITE DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED X FOREIGN COUNTRY U.S.A. W. Virginia DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 136 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Chauffeur 1241 Ten Oakes Road Arbutus Cab Co. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS Baltimore Maryland Arbutus YES . 241 Ten Oakes Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Kimble Shreve Louise George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST Virginia Rent 1241 Ten Oaks Road 354-12-4478 CAUSE OF DEATH (Enter only one cause perfine for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG STO FUNEAL DIRECTORY PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFIRE DEAL HISTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TOBURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE Inspection 🛩 220. I certify that Ptook charge of the remains described above, held an Autopsy Natural couses death resulted from Undetermined manner Accident Homicide \_\_\_\_ EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Elkins Odd Fellows Cemetery 7/1/86 Randolf Burial 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 who way good fandam (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave



|--|

	STATE OF MARYLAND			
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6	1	(
DAD	CERTIFICATE OF DEATH	7		

84	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	REG. NO.	6 1 0 4
( )		CEASED NAME FIRST	MIDDLE	v.	ISSNER	20 DATE OF DEATH MONTH	28 86 2 45 P
( 1)	3 SE	ANN	I4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	28 86 2 45 A
/	3 50.	Female	White	MONTH		91 YRS	MONTHS DAYS HOURS MI
33	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY)  LTYLAND	76. CITIZEN OF WHAT COUN	MARRIE		Baltimore City or Coun	County
90	Ros	SSVILLE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	SSVILLE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	IZE KIND OF BUSINESS (INDUSTRY Homemaking
35	Ma Ma				13d. INSIDE CITY LIMITS? YES NO 3	13e STREET ADDRESS / ZIP CO 826 Old North	Pt. Rd. 2122
030	14 FA	ther's NAME Conrad	MIDDLE Red		is mother's maiden na Margar	et	Frederick
146 de		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES	SECURITY NO	17 INFORMANT	ADDRESS	
2 1		No	218-2	12-1723	Arlene Roth	n 5003 King Aver	nue 21237  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
hen please rest to buriol, crem nury, or other	NO	gave rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT		l Fibru		INTROUGHTUNE	ndich-defect GIVEN IN PART 110
19	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
mol Hyp	1.53	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2)
h and Me	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt of Healt 21 is mo		22a.1 certify that (1) (this hosp sow the deceased alive of		19 or		, to death accurred on the date and h	_, 19, that (I) (we) our and fram the causes stated
ofetoche MT. II free		Wartin /	S. Lign	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
MPORTA		Martin B. Gi	tzen, Mb		1	(Rossville)	
	23a E	Burial, CREMATION, REMOVA	7-1-86		emetery or Crematory on Cemetery	23d LOCATION CHYOR TOWN Baltimon	re, Maryland State
	24 FI	UNERAL DIRECTOR	1.	to 1 Bel	MIR Rd 250 DAT	E REC'D. BY REGISTRAR 256, REG	ICTRADIC CICALATURE

\* B.Z. | 1 - 1

CALL STREET

THE REAL PROPERTY.

1204

. but not not on the contract of the contract

ALCOHOL: MANAGED IN CO.

TOUT AND THE TOP AND ADDRESS AND ADDRESS.

The state of the s

ELLEVANTES SELECTION CONTRACTOR OF THE STATE OF THE STATE

angeli, madification of the contraction of the cont

236. DATE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P3c. NAME OF CEMETERY OR CREMATORY

DAY

YES [

23d. LOCATION

250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

- varidan-handelse

YEAR

IF UNDER I YEAR

INDUSTRY

2h HOUR

176. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

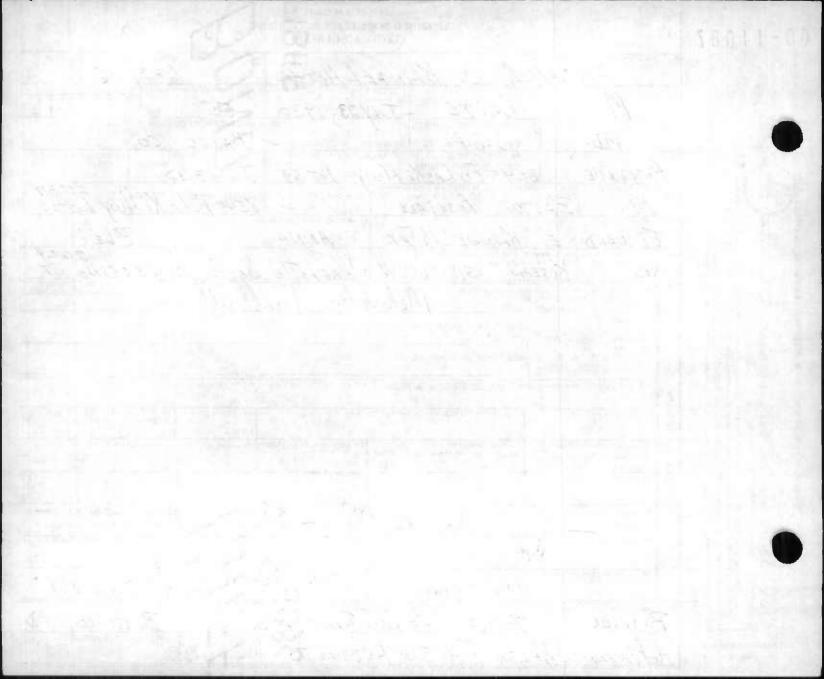
STATE

that (I) (wellast

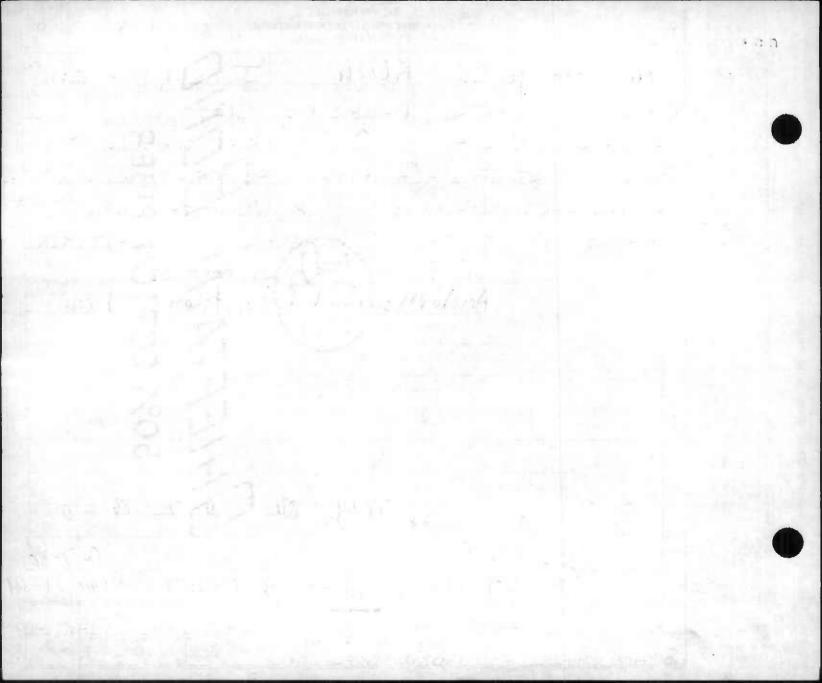
IF UNDER 24 HRS

MPORTANT should b 0 DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL



	1.	FOR		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE ()	16106
00406	7.	REGISTRAR	CERTI	FICATE OF DEATH	8 0 REG. NO	
by be a death		CEASED NAME FIRST	VAR C KI	och	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR P.
moy r. pog ther de	3. SE	×	4 ROE S DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR OF UNDER 24 HRS
Sage 4	70 B	RTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY? 8	RCH 31,1913	3 3 9 BALTIMORE CITY O	YRS
The other		ARYLAND	WIDOW	ED NEVER MARRIED	BALT	MORE COUNTY MD.
The for	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR
In by	USU	AL RESIDENCE (IF NURSING HOME OR	ST. JOSEPH HO	)	ACCOUNT	
filled house	5	ARYLAND BAL	Timers PARKVILLE	YES NO	7400 1	ARK DRIVE 21234
A Control	A L	THER'S NAME -HARLS	MIDDLE KI C II	15 MOTHER'S MAIDEN NAM	WE WIDDLE	WHITAKER
Pages 1	160	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	
be we he me		<i>No</i>	215 03 300	1 FAMIL	4 RECO	
physic physic moval		PART I. DEATH WAS CAUSE	If your couse pendine for 12. (b), and (c) DBY.  TE CAUSE (a) HOW TO	cardial Pr	toretio	APPROXIMATE INTERVAL BIG WEEN ONSET AND DEATH
ending carbo n, or re			DUE TO, OR AS A CONSEQUENCE OF	VENTER	1	
the december of the control of the c		Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
ed by please uniol, crath, or ath		underlying couse lost.	(c)			
sign Then to bu	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	DITION GIVEN IN PART 110
os beer nos permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ysicion ysicion on the hygier hygier	CERT	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURR	YES NO	YES NO
IYSICIAN: T ding physici s certificate burial-transi Mental Hygi or Item 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	P.M. 19			
G PHY affending er this s the bu	MEC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
ol or ol or OR Aft Use a Health			tal) ayended the deceased from	ng that way (our) epinion d	, to	19.00 . that (1) (we) lost
OR ATTI OR ATTI DIRECT Sched fai Dept. of them 21		obove 15 live Idid/ fold no		DEGREE	leoth occurred on the do	te and hour and from the causes stated  22t. DATE SIGNED
1 ± 1 ± 0	4	Calle	Durt		MEDICAL STAF	IAN 0 67-86
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE	Stover	Suit 50	6 120516	the Pein Br. 21 20
	230 8	URIAL, CREMATION, REMOVAL		CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
BP DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR	16-10-1986 6850 8800 H	AREORO 250 DATE	REC D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	2	VAOS CHAP	SLOF MEMORIES	ROAD	1 3 1986	dienaction and the second



	4
	6
	4
0	Š.
T	5.2
	0
	z
	3
	ñc.
	\$
	3
	쁥
	9
	≘
	A
	ä
	2
	in
	ž.
	Ĕ
	能
	ac a.
	3
	-
	22
	wi
	8
	9
	¥.
	DK.
	5
	S
	90
	0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

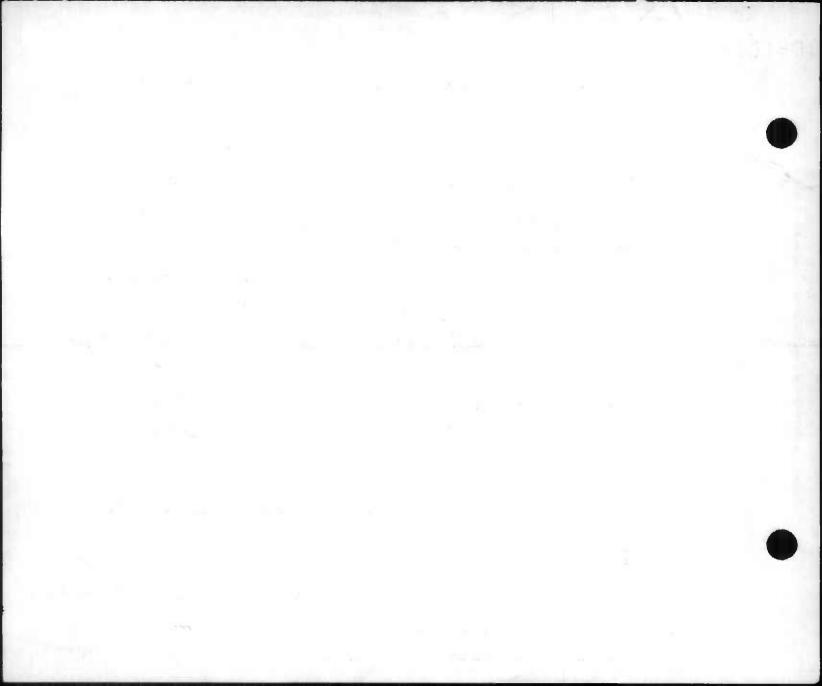
6 1 0

REGISTRAR				CEKITI	ICATE OF	JEATH	REG. NO.			
1. DECEASED NAME	FRST		MIDDIE.		(4).7		26 DATE OF DEATH MONTH	DAY YEAR	2h. HOI	UR
(TYPE COCPRING)	and the second			7-045-070-0			June 25, 1	986		
	illiam	T. name	Hobert		Llinger	11	6 AGE UNITERSTALL SHIPMONT	# UNDER 1 YEAR	FUNEY	E24HES
1 SEX		4. RACE		MOHI	OF BIRTH	TEAR	ACC DETENSIONS	MONTHS BAYS	HOURS	24.00
Male		White		6	29	1910	75 YRS.			
IN BRITHPLACE ISTATE	OFFOREGH.	7% CITIZEN OF	WHAT COUNTRY?	E.	D X NEVER	MARRIED ET	BALTIMORE CITY OR COUNTY	OF DEATH		
Maryland		U.S.A		WIDOW		MORCED []	Baltimore Coun	tv		MD
HE CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN	1		the state of the s	120 USUAL OCCUPATION	125. KIND (		711401
			CHEACHTY, GOVE STREET	ADDRESS)			THE OF WORL FOR MOST OF WORLING UP	III INDUSTRY		
Dundalk USUAL RESIDENCE IV	AND RESTRICT MODIFIES		lnut Ave	A Date of Contract			Carpenter			
IJE STATE	113b COU		THE CITY OF TOW		1134 INSIDE C	TTY LIMITS?	13e STREET ADDRESS / ZIP CODE			
Maryland	Balt	timore	Dundalk		YES 🔲	NO K	1932 Walnut Ave	nue	2122	22
14 FATHER'S NAME			tatr		15. MOTHER	S MAIDEN NA	AME MIDERAL	(00	NST.	
1014 1 1 4 mm		MODUL 26	Knelling	OT	CI	ara		Sage		
William  Ne WAS DECEASED E	VER IN U.S. A	A.  RMED FORCES?	THE SOCIAL SECU		17. INFORMA		ADDRESS	Dag	O.L.	
(163, NO DE LINKHOWN		NE WAR OR DATES!	forest and the same					and the second second	-	
No.			215-05-2	006	Helen	L. Kne	ellinger Sam		3e	
IX. CAUSE OF D	EATH Enter o	nly one cause pe	for invibing	Aicti	1) 4	- 1/1		BETWEEN	ONE PER	DEATH
PART L DEAT	H WAS CAUS	TE CAUSE (o)	Conglal	we.	Klou	Tack	w	2	di	
	E911416-16716		H	0	_	/ /	0 -	1	-	
9.60.5		DUE TO, C	S A ONSEQUE	Va	Time	12/1/20	have desert	50	4	
Conditions, if		163	CO. 1: 0	<u> </u>	1000		7.0040-	199		
COUNT COL. II	tating the	DUE TO, C	OR AS A CONSEQUE	NCE OF				/		
underlying co	owse mist.	(0)_	-							
PART OTHER	SIGNIFICANT	CONDITIONS E	ONTRIBUTING TO S	DEATHBUT	NOT HELATE	) TO THE TERM	MINAL DISEASE OF CONDITION GIV	EN IN PART 1	(m)	
& CXXX	n ( C.	Spring	Lile	En	wallys	ema	severe			
4 1% DATE OF OP		1% COND	ITION FOR WHICH	OPERATIO	AWASPIRED	RMED		S, WERE FINDS		
표					1			FYING CAUSE	S OF DEA	
SIE VCCIDENT MY	S DINDERLYING - I	7 216 TIME C	SE IN ILIPY		The HOW IS	HURY OF CHR	RED TANDS NATURE OF MAJORI IN THE R. P.	The state of the s	11/17/11	
			M. MONTH DA	AV YEAR	2) The Walsty of					
S IF LINER, NOTEY		(4) P	M	19						
19 LUNAR MOTES	URRED		OF INJURY	ARM THE A	THE LOCATE		ETT OF TOWN	COUNTY		STATE
AT WORK I AN	Of World	1	SHOULD FAMILIANESS, AND CONTROL	1	1100		1			
		nint; of Anded t	he decrosed from	Jun	-	10 X	9 10 - une 25	1086	that its	(we) fost
0.0000000000000000000000000000000000000	spound oile	LA (		ZV.	nd that in Imy	(out) agrinion	death occur of an the date and hou	ond from the	e courses v	hated
obovy 11 (y	re (did) faid/o		offus fronte	9			4	22c DAM	1	1
22h SIGNATURE	· V.		MKUA)		DEGREE	ATTENDING	MEDICAL STAFF	17	SIGNED	-
Losey	ude	Merin	grow)			PHYSICIAN	DIRECTOR   PHYSICIAN	6/2	5/8	6
224 PHYSICIAN'	SNAME ITTE	SH PRINTI	1//		22x ADDRE	SAL	A O	14	-6	1
1 2001	16 9	EMG.	V655		2/0x	(DE	KIND BA-	MOS	1/2	20
	-		1111	JAME OF	EMETERY OF	CAKGR	1234 OCATION			
23s. BURIAL, CREMATE (MICHY)	UN, REMOVA				CEMETERY OR		CITY CIE FOWN	ECHINITY		STATE
Burial		6/28/	/1986 Ga	arden	s Of Fa	ith	Baltimore	M	aryl	and
74 FUNERAL DIRECTO		알라보다 Uni	4701401			75a. D.A.	TE REC D. BY REGISTRAR 25h REGIST	RARS SIGNA	andel	EL.
Duda-Ruck,	Inc.	7922 Wis	e Ave Bal	to Mo	1 21222	JU	IN 27 1986 June D	en latina - A		-

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. shalle be detached for un with the State Dept. of Hec

IMPORTANT, If he

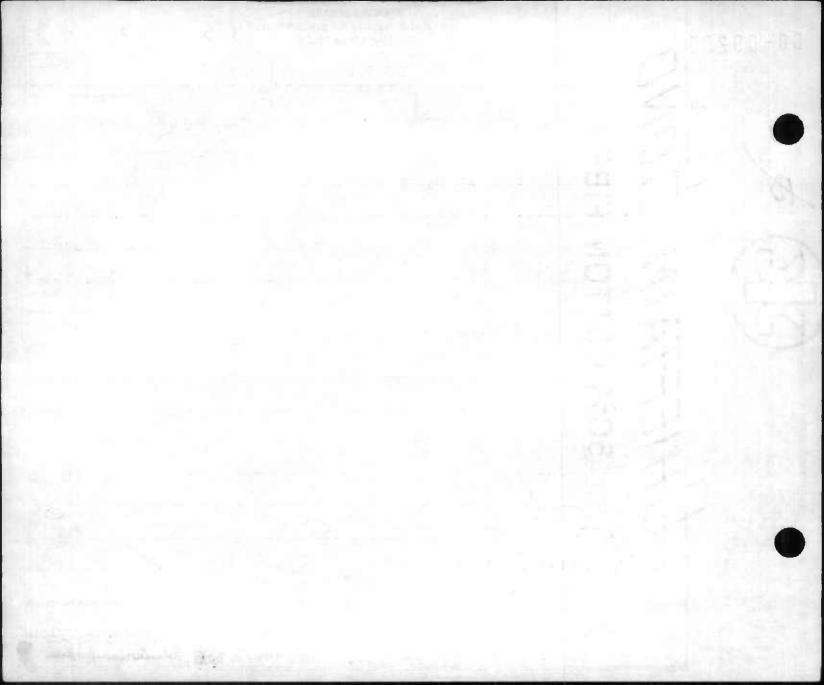


,	O	0		0	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(	TENDING PHYSICIAN: The low requires that the death conflicate by decated within 24 hours offer death. Page 4 may be	intol or otherding physicion.	IOR: After this certificate hos been signed by the ottending our victim and completely filled in by the funeral director, page 3 are now as the burnal-transit norms. Then alease remove companies and a characteristic with a 20 hours after death	

-09437	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	6 1 0 8
60 5 5 60 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 DE	CEASED NAME FIRST George	Joseph	Knarr, Jr.	28 DATE OF DEATH MONTH DAY 06-11-86	9:15 PM
ge 4 moy	3 SE		race Caucasian	5. DATE OF BIRTH 04-11-27	6 AGE (IN YEARS LAST BIRTHDAY)  18 MO	UNDER LYEAR IF UNDER 24 HRS
nerol dir	7d. B	RTHPLACE (STATE OR FOREIGN MD	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County o	
by the fundamental		tonsville	11. NAME OF HOSPITAL, NURSII 44 Melvin Av	NG HOME OR OTHER INSTITUTION (ADDRESS) enue 21228	120 USUAL OCCUPATION  11 YPE OF WORK FOR MOST OF WORKING LIFE)  Letter Carrier	126 KIND OF BUSINESS OR INDUSTRY US Mail
filled in		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	rother institution, give residence befor NTY 136 CITY OR TOV timore Catons	E ADMISSION) VN 111e 13d. INSIDE CITY LIMITS? V111e YES □ NO ②	13. STREET ADDRESS / ZIP CODE 44 Melvin Aven	ue 21228
ompletely on open 2 street	) <sub>G</sub>	ther's name eorge J			te $D_{\bullet}^{MIDDLE}$	Giller
TIMORE,		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (1F YES, GF YES	VE WAR OR DATES	JRITYNO IT INFORMANT -0106 JoAnne Kn	arr Same as #	13
ST., BAL		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or ED BY TE CAUSE (a)	V Lung W	-'A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death cartificate by recuted within 24 hours of the this certificate has been signed by the attending which campletely filled in by os the buriol-transit permit. Then please remove control received and 2 should be fill the and Mental Hygiene prior to buriol, cremotion, or removal.  Orked actien 18 shows any injury, or other troumatic event, the medical examiner mast be incorrected actient.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT OF TO, OR AS A CONSEQUENT OF TO, OR AS A CONSEQUENT OF TO THE PROPERTY OF THE PROPE	in t pon	hetas rand	
quires the quires the signed b Then pleas to burial,	NO		(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART No.
he low re oo. hos been to permit. The reme prior ows ony it	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
DN OF VITAL  PYSICIAN: The ding physicion is certificate h burrol-tronsity. Mental Hygies with hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IS PART	T   OR PART 2)
DIVISION DING PHYS or ottendin After this c se os the buur oith and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pitol or TOR: A for use of Heal		saw the deceased alive or	ital) attended the deceased from 19		to 19	
TAL OR AT y the hosp AAL DIRECT defoched (i rote Dept. or		226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c DATE SIGNED  6/13/L
HOSPII Sined b FUNE ould be th the Si		22d PHYSICIAN'S NAME (1786) Rolando Sab		5550 Balt	imore National	Pike
₽ ₹ ₽ ₹ ₹ <b>₹</b>		BURIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY Loudon Park Cem		-
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 Ft	JNERAL DIRECTOR	l Home, Caton	sville, MD	TE REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE

00-	09295	1	STATE REGISTRAR			DE	CER	TIFICATE (	OF DEATH	8	REG. NO.	1 0	0 /
e e	600	I DE	CEASED NAME E OR PRINT)	John		WIDDLE	KO	BRICK			9,1986	DAY YEAR	8:00p
мом	and the d	3 SE	x Male	4	. RACE		M	TE OF BIRTH		6 AGE (IN)	EARS LAST BIRTHDAY)	MONTHS DAY	
<b>O</b> 4	1175	7a B	IRTHPLACE (STATE OF	FOREIGN 71	Whit CITIZEN OF		NTRY? 8 MAI		VER MARRIED	9 BALTIMO Balt	RECITY OR COL	UNTY OF DEATH DUNTY	
	114-	10. C	ITY OR TOWN OF DE		(IF NOT IN SU	CH FACILITY, GIV	VE STREET ADDRESS				OCCUPATION K FOR MOST OF WORK		O OF BUSINESS OR
HO	1000	. USU	ROSSVIll ALRESIDENCE (IF NUF STATE	136 COUNT	THER INSTITUTION	GIVE RESIDENCE		13d INSI	DE CITY LIMITS?		wn Cork		]
WYLAN William 2	10.157	14 F	ATHER'S NAME	Bali	IDDLE		edale.	YES 15. MOTH	HER'S MAIDEN N	11221 AME	Spring	Ave	21237 IAST
DRE, MA	1517		John WAS DECEASED EVEL YES NO OR UNKNOWN)		ED FORCES?		rick L SECURITY N		Margare	t	ADDRESS	Sidl	ousky
SALTIME ote be e	pen. Po		YES 18 CAUSE OF DEA	WW	one couse pe	r line for (o),	(b), and (c)		ty Kobi	ick l	221 Spr	A 70020	2 2 2 3 CX IMATE INTERVAL IN ONSET AND DEATH
Z 5	ding phy orbor po or reme		PART I. DEATH \	MAS CAUSED IMMEDIATE	CAUSE (D)	Cardio	-Pulmor						
PRESTO ne deoth	e ottendin move carb motion, or r traumatic		Conditions, if any gave rise to im	mediote	)		atic Ac		cinoma				
201 W.	ed by the		couse (a), stati underlying caus	e lost	(c)_		ISEQUENCE C		ATED TO THE TER	ublat Diceac		CIVISAL BARRA	
ORDS,	it. Then ion to bu	VIION	196 DATE OF OPERA				WHICH OPERA			20s AUTO		IF YES, WERE FINE	
TAL REC	te has b	CERTIFICATION	71a. ACCIDENT WAS UN		21b. TIME O		WINCH OFERS			YES 🗌	NO X IN C	ERTIFYING CAUS	ES OF DEATH?
N OF VI	ng phys certifica prial-tran tentol Hy frem 18	MEDICAL CE	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A	.m. mont .m.	TH DAY YE	AR 19		KEU (ENTERNA	TURE OF INJURY IN ITE	M 18 PART I OR PART 2	
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires th	After this e as the bu olth and M morked ar	MED	AT WORK AT WE	ORK	(AT HOME ST		OFFICE, FARM, ETC	211 LOC	STREET		CITY OR TOWN	COUNTY	STATE
TTENDI	CTOR: A for use of Heal		22a. I certify that ( saw the decea above, (I (we)	this hospito sed plive on_ (did) (did not)	ottended the output of the book with the boo	ne deceased	fromJune 19 <u>86</u>	., and that in	(my (aur) opiniar	to JUI		d hour and fram t	that (I we last he causes stated
AL OR A	the horal DIRE		226 SIGNATURE	san	fe/	1100	m /	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Ju	ne 9,1986
HOSPIT	TO FUNERAL should be deti with the State IMPORTANT:		Susan	Pearso				27e ADE	9000 Fran	ıklin S	quare Dr	ive	
		23a.	BURIAL, CREMATION	, REMOVAL	236. DATE				OR CREMATORY		ORTOWN	COUNTY	STATE
	MH - 16 60M 7/84	24 F	Buria UNERAL DIRECTOR		6/1	3/86			f Faith 21221	TEREC D BY R	EGISTRAR 256 RE	Balto GISTRARS SIGN	Marylar Abada Ba
	(VRA 15, 4)		Connelly	Funer	al Ho	me 30	JUMace	Ave.	21771	117	1900	- Inmidable	4

STATE OF MARYLAND

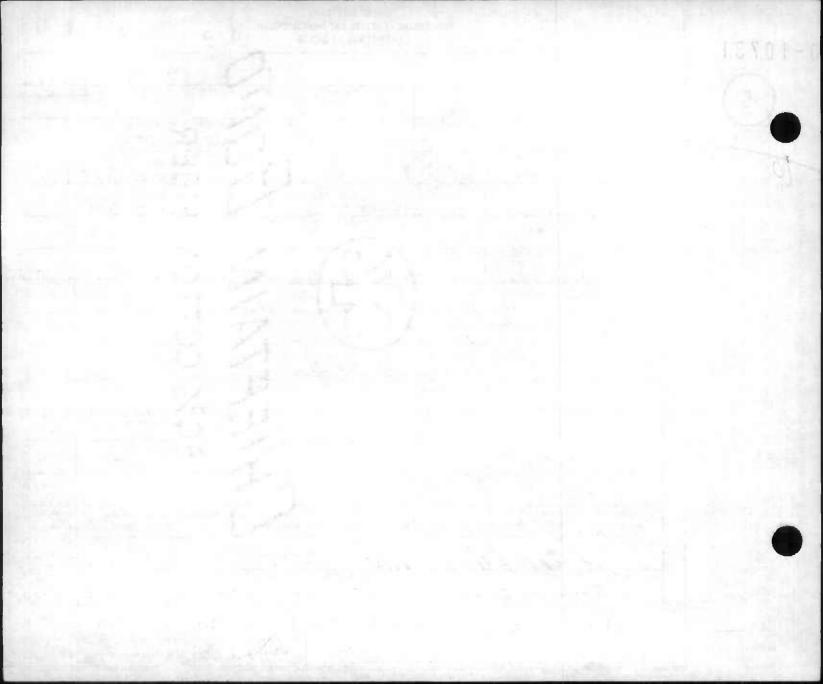


(		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	t	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

0-1073

	FOR		0.50		E OF MARYLAND	OLENE			1	1
1	- STATE REGISTRAR		) DEP		EALTH AND MENTAL HY ICATE OF DEATH	8 0	. NO.	1 6		1
	ECEASED NAME F	IRS1	WIDDLE	L	AST	20. DATE OF DEAT	H MONTH	DAY		26 HOUR
	R	RUTH	C.		KOERBER		6	24	86	7:40
3. S	FEMALE	4 RAC		5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	MUNTHS	DATS	HOURS 1
287	BIRTHPLACE (STATE OR FORE	75 C11	WHITE	1TPY2 8	03122	9 BALTIMORE CIT	Y OP COUR		ATH	
1	COUNTRY)	1/0 (1)		MARRIEI	D NEVER MARRIED	Balt				
10 (	Maryland  ITY OR TOWN OF DEATH				DR OTHER INSTITUTION	12- USUAL OSSUE	ATIONI	174.	KINDOI	BUSINES:
C	atonsville	N	FNOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	er Catourialle	(TYPE OF WORK FOR MC	ia Workin	ker r	Distry (	Calve
	JAL RESIDENCE (IF NURSING	HOME OR OTHER			134 INSIDECITY LIMITS?	13e.STREET ADDRE				
	aryland	Baltim		onsville		3 Maple I			28	
14. E	ATHER'S NAME	MIDDLE	LAS	ST.	15. MOTHER'S MAIDEN N.	AME	E		LAST	
	Harry			rker	Edna					Deal
160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED F IF YES, GIVE WAR (		SECURITY NO.	17 INFORMANT		DRESS			
	NO		217-1	14-9771	Doris J. Ger	ber 3324	Washi			
	18 CAUSE OF DEATH (E PART I. DEATH WAS	Enter anly ane CAUSED BY:						-	BETWEEN	NATE INTERVA
	IMMEDIATE CAUSE (0) 3 nd stage over lan concer									
		D	DUE TO, OR AS A CONS	CEOUENICE OF						
				. //	1 - 1					
	Canditions, if ony, w	hich (		. //	al Failure					
	gave rise to immed couse (0), stoting	the D	(b) Chara	SEQUENCE OF						
	gave rise ta immed couse (0), stating underlying cause	liate the last.	OUE TO, OR AS A CONS	SEQUENCE OF	ectal Bleeds					
NO	gave rise ta immed couse (0), stating underlying cause	liate the last.	OUE TO, OR AS A CONS	SEQUENCE OF			ONDITION (	GIVEN IN I	PART 1ra	
CATION	gave rise ta immed couse (0), stating underlying cause	liate the last.	OUE TO, OR AS A CONS	SEQUENCE OF ROBOTO BUT	etal Bleeds		20b. IF	YES, WERE	E FINDIN	GS USED
TIFICATION	gave rise ta immed couse (o), stating underlying cause PART 2 OTHER SIGNIFI	liate the last.	(b) Char DUE TO, OR AS A CONS (c) ASC VE)	SEQUENCE OF ROBOTO BUT	etal Bleeds	MÍNAL DISEASE OR C	20b. IF	YES, WERE	E FINDIN	
CERTIFICATION	gave rise ta immed couse (o), stofting underlying cause  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDERLY	ICANT COND	(b) Chara  DUE TO, OR AS A CONS  (c) ASC VI)  ITIONS CONTRIBUTION  96 CONDITION FOR W  16. TIME OF INJURY	SEQUENCE OF R.  G TO DEATH BUT	etal Bleeds	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING ( YES [	E FINDIN CAUSES	GS USED OF DEATH
11	gave rise ta immed couse 101, stofting underlying cause  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO	ICANT COND  N 11  YING 2  SE OF DEATH	(b) Chara  DUE TO, OR AS A CONS  (c) ASC VI)  ITIONS CONTRIBUTION  96 CONDITION FOR W  16. TIME OF INJURY	SEQUENCE OF ROBOTO BUT	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING ( YES [	E FINDIN CAUSES	GS USED OF DEATH
3	gave rise to immed couse (0), stoting underlying cause  PART 2 OTHER SIGNIFIE  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL INJURY OCCURRED)	ICANT COND  ICANT COND  IV  IVING 2  SE OF DEATH  EXAMINER)  21	DUE TO, OR AS A CONS  (c) DUE TO, OR AS A CONS  (c) DUE CONTRIBUTION  (d) DUE CONTRIBUTION  (e) DUE TO, OR AS A CONS  (f) DUE TO, OR AS A CONS  (h) TIME OF INJURY  HOUR A.M. MONTH  P.M.  (i) PLACE OF INJURY	GTO DEATH BUT  H DAY YEAR  19	NOT RELATED TO THE TER	200 AUTOPSY?  YES NO	20b. IF IN CER	YES, WERE RTIFYING ( YES	E FINDIN CAUSES	GS USED OF DEATH
MEDICAL CERTIFICATION	gave rise to immed couse (0), stoting underlying cause  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUS	ICANT COND  ICANT COND  IV  IVING 2  SE OF DEATH  EXAMINER)  21	(b) Chara  DUE TO, OR AS A CONS  (c) ASC (v)  ITIONS CONTRIBUTING  9b CONDITION FOR W  1b. TIME OF INJURY HOUR A.M. MONTH P.M.	GTO DEATH BUT  H DAY YEAR  19	NOT RELATED TO THE TER.  N WAS PERFORMED  216. HOW INJURY OCCUI	200 AUTOPSY?  YES NO	20b. IF IN CEF	YES, WERE RTIFYING ( YES	E FINDIN CAUSES (	GS USED OF DEATH NO
11	gave rise to immed couse (0), stoting underlying cause  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDERFOR CONTRIBUTING CAUSE  CIFETIMER NOTIFY MEDICAL IN UNDERFORMED CAUSE  WHILE COLUMNITY OF COURED WHILE COLUMNITY OF COURTS	Idea   D   D   D   D   D   D   D   D   D	(b) Chara  DUE TO, OR AS A CONS  (c) ASC VI)  ITIONS CONTRIBUTING  9b. CONDITION FOR W  1b. TIME OF INJURY HOUR A.M. MONTH P.M.  1c PLACE OF INJURY AT HOME STREET, FACTORY, O	GTO DEATH BUT  H DAY YEAR  19  OFFICE FARM ETC.)	NOT RELATED TO THE TER.  N WAS PERFORMED  216 HOW INJURY OCCUI  211 LOCATION STREET	200 AUTOPSY?  YES NOTER NATURE OF	20b. IF IN CER INJURY IN ITEM	YES, WERE RTIFYING ( YES ] 18 PART I OR	E FINDIN CAUSES (	GS USED OF DEATH NO
13	gave rise ta immed couse (o), stofing underlying couse  PART 2 OTHER SIGNIFI  190 DATE OF OPERATIO  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING AUGUST  21d INJURY OCCURRED  WHILE AT WORK AI WORK  220.1 certify that (1) (the sow the deceased above, (1) (we) (did)	ICANT COND  IV  YING 2  SE OF DEATH EXAMINER  21  (1)  21  21  21  21  21  21  21  21  21	(b) Chara  DUE TO, OR AS A CONS  (c) ASC VI)  ITIONS CONTRIBUTING  9b. CONDITION FOR W  1b. TIME OF INJURY HOUR A.M. MONTH P.M.  1c PLACE OF INJURY AT HOME STREET, FACTORY, O	GTO DEATH BUT  H DAY YEAR  19  OFFICE FARM ETC.)	NOT RELATED TO THE TER.  N WAS PERFORMED  216 HOW INJURY OCCUIT  211 LOCATION STREET	200 AUTOPSY?  YES NOTER NATURE OF	20b. IF IN CER INJURY IN ITEM	YES, WERE RTIFYING ( YES ] 18 PART I OR	E FINDIN CAUSES (	GS USED OF DEATH NO
1	gave rise ta immed couse (0), stoting underlying cause  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL IN JURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that (1) (the sow the deceased of the course of the co	ICANT COND  IV  YING 2  SE OF DEATH EXAMINER  21  (1)  21  21  21  21  21  21  21  21  21	(b) Chara  OUE TO, OR AS A CONS  (c) ASC VI)  ITIONS CONTRIBUTION  9b CONDITION FOR W  1b. TIME OF INJURY HOUR A.M. MONTH P.M.  1c PLACE OF INJURY AI HOME STREET, FACTORY, O	GTO DEATH BUT  H DAY YEAR  19  OFFICE FARM ETC)  From	NOT RELATED TO THE TER.  N WAS PERFORMED  216. HOW INJURY OCCUI  211. LOCATION STREET  19. 20  14. 19. 20  15. 19. 20  16. 19. 20  17. 19. 20  18. 19. 20  19.	200 AUTOPSY?  YES NOTER NATURE OF	20b IF IN CEF IN CEF IN ITEM SK TOWN  2 44 e date and I	YES, WERE TIFYING ( YES	E FINDIN CAUSES (	GS USED OF DEATH NO  STA
1	gave rise ta immed couse (o), stofing underlying couse  PART 2 OTHER SIGNIFI  190 DATE OF OPERATIO  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING AUGUST  21d INJURY OCCURRED  WHILE AT WORK AI WORK  220.1 certify that (1) (the sow the deceased above, (1) (we) (did)	ICANT COND  IV  YING 2  SE OF DEATH EXAMINER  21  (1)  21  21  21  21  21  21  21  21  21	(b) Chara  OUE TO, OR AS A CONS  (c) ASC VI)  ITIONS CONTRIBUTION  9b CONDITION FOR W  1b. TIME OF INJURY HOUR A.M. MONTH P.M.  1c PLACE OF INJURY AI HOME STREET, FACTORY, O	GTO DEATH BUT  H DAY YEAR  19  OFFICE FARM ETC)  From	NOT RELATED TO THE TER.  N WAS PERFORMED  211. LOCATION STREET  19. 20  10 that in (my) (aby) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOTER NATURE OF	70b IF IN CEF	YES, WERE TIFYING ( YES	E FINDIN CAUSES (PART 7)	GS USED OF DEATH NO  STA
3	gave rise ta immed couse (o), stofing underlying couse  PART 2 OTHER SIGNIFI  190 DATE OF OPERATIO  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING AUGUST  21d INJURY OCCURRED  WHILE AT WORK AI WORK  220.1 certify that (1) (the sow the deceased above, (1) (we) (did)	ICANT COND  ICANT COND  IVING 2  SE OF DEATH EXAMINER)  Is hospital) at alive an ali	(b) Chara  OUE TO, OR AS A CONS  (c) ASC VI  ITIONS CONTRIBUTION  18. CONDITION FOR W  18. TIME OF INJURY HOUR A.M. MONTH P.M.  19. PLACE OF INJURY AT HOME STREET, FACTORY, O	GTO DEATH BUT  H DAY YEAR  19  OFFICE FARM ETC)  From	NOT RELATED TO THE TER.  N WAS PERFORMED  211 LOCATION STREET  19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	200 AUTOPSY?  YES NOTER NATURE OF CITY	PRIOWN  PRIOWN	YES, WERE TIFYING ( YES	E FINDIN CAUSES (PART 7)	GS USED OF DEATH NO  STA
3	gave rise to immed couse (0), stoting underlying cause  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL I AT WORK  22a. I certify that (1) (the sow the deceased above, (1) (we) (dM)  22b. SIGNATURE	ICANT COND  N  YING	(b) Chara  OUE TO, OR AS A CONS  (c) ASC VI  ITIONS CONTRIBUTION  18. CONDITION FOR W  18. TIME OF INJURY HOUR A.M. MONTH P.M.  19. PLACE OF INJURY AT HOME STREET, FACTORY, O	GTO DEATH BUT  H DAY YEAR  19  OFFICE FARM ETC)  From	NOT RELATED TO THE TER.  N WAS PERFORMED  211. LOCATION STREET  19. 20  10 that in (my) (aby) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOTER NATURE OF CITY	PRIOWN  PRIOWN	YES, WERE TIFYING ( YES	E FINDIN CAUSES (PART 7)	GS USED OF DEATH NO  STA
MEDICAL	gave rise to immed couse to storing underlying couse  PART 2 OTHER SIGNIFI  190 DATE OF OPERATIO  210. ACCIDENT WAS UNDERLOW CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL II  210. INJURY OCCURRED  WHILE ALWORK NOTHY MEDICAL II  210. INJURY OCCURRED  WHILE ALWORK NOTHY MEDICAL II  220. I certify that (I) (the sow the deceased above, (I) (We) (dim)  22b. SIGNATURE  BURIAL, CREMATION, REA	ICANT COND  YING 2  SE OF DEATH EXAMINER)  CITYPE OR PRINT!	(b) Chara  OUE TO, OR AS A CONS  (c) ASC VI  ITIONS CONTRIBUTION  9b. CONDITION FOR W  1b. TIME OF INJURY HOUR A.M. MONTH P.M.  1c. PLACE OF INJURY AT HOME STREET, FACTORY, O	GTO DEATH BUT  H DAY YEAR  19  PERCE FARM ETC.)  123( NAME OF C.)	NOT RELATED TO THE TER.  N WAS PERFORMED  21c HOW INJURY OCCUI  211 LOCATION STREET  19 8  10 that in (my) (abr) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  SED ED A  EMETERY OR CREMATORY	200 AUTOPSY?  YES NOTER NATURE OF  CITY OF THE MEDICAL DIRECTOR PHYSICAL PH	20b. IF IN CEF IN CEF IN CEF IN TEM OR TOWN  24 e date and I	YES, WERE THEYING OF YES 18 PART I OR 18 PART I OR 19 Shour and 1	PART 2)  DUNTY  CAUSES  DUNTY  COM the co	GS USED OF DEATH NO  STA  hat (I) (Accouses state SIGNED 25/86
MEDICAL	Gave rise ta immed couse (o), stofting underlying cause  PART 2 OTHER SIGNIFI  190 DATE OF OPERATIO  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  CIFETTHER NOTIFY MEDICAL INJURY OCCURRED  WHILE AT WORK  270. I certify that (I) (the sow the deceased obove, (I) (We) (dM)  270. SIGNATURE  2724. PHYSICIAN NAME  DR J PHYSICIAN NAME	VING 2 2 2 2 2 5 5 0 F D F T T T T T T T T T T T T T T T T T	DUE TO, OR AS A CONS  (c) DISCUSSION  (TIONS CONTRIBUTION  (B) CONDITION FOR W  (C) DISCUSSION  (C) DISCUSSION  (C) DISCUSSION  (D) CONDITION FOR W  (E) CONDITION FOR W  (C) CON	GTO DEATH BUT  H DAY YEAR  19  PERCE FARM ETC.)  123( NAME OF C.)	NOT RELATED TO THE TER.  N WAS PERFORMED  21c HOW INJURY OCCUI  211 LOCATION STREET  19 8  10 that in (my) (abr) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  5800 EDA	200 AUTOPSY?  YES NOTER NATURE OF  CITY OF THE MEDICAL DIRECTOR PHYSICAL PH	20b. IF IN CEF IN CEF IN CEF IN TEM OR TOWN  24 e date and I	YES, WERE TIFYING ( YES	PART 2)  DUNTY  CAUSES  DUNTY  COM the co	GS USED OF DEATH NO  STA
WEDICAL WEDICAL	Gave rise to immed couse (o), stofing underlying couse  PART 2 OTHER SIGNIFI  190 DATE OF OPERATIO  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL LI  21d INJURY OCCURRED  WHILE AT WORK  220. I certify that (I) (the sow the deceased above, (I) (We) (did)  27b. SIGNATURE  BURIAL, CREMATION, REA (SPECIFY)	VING 2 2 2 2 2 5 5 0 F D F T T T T T T T T T T T T T T T T T	DUE TO, OR AS A CONS  (c) DISCUSS  (TIONS CONTRIBUTION  (B) CONDITION FOR W  (C) DISCUSS  (E) DISCUSS  (E) DISCUSS  (E) DISCUSS  (B) CONDITION FOR W  (B) TIME OF INJURY  HOUR A.M. MONTH  P.M.  (I) PLACE OF INJURY  AI HOME STREET, FACTORY, OR  (C) DISCUSS  (C) THE BODY OF THE BODY  (C) THE BODY	GTO DEATH BUT  H DAY YEAR  19  PERCE FARM ETC.)  123( NAME OF C.)	NOT RELATED TO THE TER.  N WAS PERFORMED  21c HOW INJURY OCCUI  211 LOCATION STREET  19 8  10 that in (my) (abr) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  SED ED A  EMETERY OR CREMATORY	200 AUTOPSY?  YES NO NO  RRED (ENIER NATURE OF  CITY OF  MEDICAL SHOW A  MEDIC	20b IF IN CEF IN	YES, WERRENTEYING ( YES   18 PARTIOR  19 8 haur and the state of the s	EFINDING CAUSES  PART 2)  FOR the control of the co	GS USED OF DEATH NO  STA hat (I) (A) couses state SIGNED 25/80 Md. STA



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME FIRST 20 DATE OF DEATH MONTH 7h HOUR (TYPE OF PRINT) BOWMAN 186 WILMER KOHLER 06 24 10:10A 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYL IF UNDER I YEAR 3 SEX Nov. 16, 1906 YEAR Male White 79 D BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEN NEVER MARRIED Maryland U.S.A. BALTIMORE, COUNTY DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17n USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Dir Labor Rel B&O Railroad TOWSON GREATER BALTIMORE MEDICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 130 STATE Towson 13d. INSIDE CITY LIMITS? 306 Colonial Ct. 21204 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kohler Kilduff Luthor Agnes 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) M.K.Kohler 306 Colonial Ct. 21204 216-10-7606 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CARCINOMA OF PANCREAS 8 MONTHS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq CERTIFICATION 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗌 NOX YES | 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 218 PLACE OF INJURY 21f LOCATION CITY OF LOWN COUNTY STATE STREET AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated DEGREE MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS JOHN B. RICHARDSON, M.D. 5820 YORK ROAD BALTIMORE MARYLAND 21212 23a. BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY OR CREMATORY

Dulaney Valley Maus.

Lutherville Baltimore Marylan

from whirelow Gandam

250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

morked

S

21

MPORTANT:

Burial

24 FUNERAL DIRECTOR

6-27-86

Mitchell-Wiedefeld Home 6500 York Road 21212

THE REST OF THE PROPERTY OF THE PARTY OF THE

	Page 4 m	director. p nours after
	death.	funeral thin 72 f
21201	O HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3 Library, after death. Page 4 minetoned by the haspital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complexivity libed in the funeral director, pshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages (1) and interest a within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
RYLAND	1	
ORE, MA	xecuted	nd como
BALTIM	cate be e	hysician a papers. Pa aval.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	oth certif	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be defacted for use as the busiol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
W. PRE	hat the de	by the of ose removi
)RDS, 20	requires 1	Then ple
AL RECO	The law	e has been sit permit
N OF VIT	SICIAN:	certificat urial-tran Aental Hyg
DIVISIO	O HOSPITAL OK ATTENDING PHYSICIAN: The letained by the haspital or attending physician.	After this e as the b
4	K ATTENE	RECTOR hed for us apt. of Hea
	SPITAL O	VERAL DI be detach
	O HO	should with the

age 3

FOR

- STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 6 REG. NO.	1	6	1	1
DATE OF DEATH MONTH	DAY	YEAR	26 HOL	R
lune 30, 1986			1:00	) B
GE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
70	MONTHS	DAYS	HOURS	M 1N4,

								REG.	NO.		-	4 4	
1. DECEASED NAME	FIRST		MIDDLE		LAST		2a DATE O	F DEATH	MONTH	DAY	YEAR	26 HOUR	
(THE OR PRINT)	Stev	e 6	George	Ko	1 tos		June	30.	1986			1:00	B
3 SEX		4 RACE		5 DATE	OF BIRTH		6 AGE (IN				ER I YEAR	IF UNDER 24	-
Male		Whit	e	MONT	30	ď?	79		YRS	MONTHS	DAYS	HOURS .	AA INL
70 BIRTHPLACE (STATEO Greece	R FOREIGN	76 CITIZEN OF U.S.A	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER	MARRIED [			or coun				MD
Baltimore	Frank I	HOSPITAL, NURSIN HEACILITY, GIVE STREET IN Square	IG HOME ( ADDRESS) Hos	or other ins				TION	126 KIND OF BUSINESS OR				
USUAL RESIDENCE (IF NU 130 STATE Maryland		other institution nty imore	Baltimo		138. INSIDE C	NO A	130 STREET 1551		s/zipcoi		ie 2	21220	
14 FATHER'S NAME George		MIDDLE	Kolotos	3		s maiden na hena	ME	MIDDLE		F	oral	ris	
160 WAS DECEASED EVE (YES NO OR UNKNOWN) Yes		MED FORCES? VE WAR OR DATES)  II	235-16-8		Mrs or A	nna Ko	ltos,	1551° Balt	Alden imore,	ey A	venu 212	1e 224	
18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly ane cause per ED BY TE CAUSE (a)	line far (a), (b), and Cardiopu	lmona							APPROXI	MATE INTERVA	AIH
Conditions, if an gave rise ta ir cause (a), stat underlying cau	y, which nmediate ing the	DUE TO, O	ras a conseque Atrio-Vei ras a conseque		ular Di	ssocia	tion w	ith I	Hypote	ensic	n		
PART 2 OTHER SK	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEAS	SE OR CO	NDITION G	IVEN IN	PART 1:0	)	

206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC | STREET NOT WHILE June 30 June 27

22a.1 certify that & (this hospital) attended the deceased from saw the deceased alive an June 30 198 abave, 19 (we) (did) (b) at view the body after death. and that in ( aur) apinian death accurred on the date and haur and from the causes stated

DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22e ADDRESS

9000 Franklin Square Drive 21237

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 7-3-86 Oak Lawn Cemetery

Baltimore Md. Baltimore 250 DATE REGID. BY RESISTRAR 256, REGISTRAR'S SIGNATURE

STATE

Ann Som Matthews, Matthews Funeral Home 3021 Eastern Ave. Baltimore, Md. 21224

DHMH - 16 60M 7/B4 (VRA 15, 4)

18 shov

marked or Hem

IMPORTANT: If hem 21 is

MEDICAL

0	-	0	5	2
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21781	DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	or ottending physician.	After this certificate has been signed by the attending physicion and completely filled in by the funeral director page 3 see as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after death

			STATE OF MARYLAND		
-10520	FOR STATE		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		3
10320	REGISTRAR  1. DECEASED NAME FIRST	MIOQLE	LAST	REG. NO.	
nay be poge 3	(TYPE OR PRINT) MARIE	s. +	RARMER	6 22 86 10 am	2
	3 SEX	4 RACE	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 H	RS
oge 4	Female	White	June 2, 1896	90 YRS DATS HOURS M	IN.
or School die	70. BIRTHPLACE ISLATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MOVER DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH 84670. 4047 Madonna Rd. 21084	MD.
by the fi	10. CITY OR TOWN OF DEATH  Fallston	11. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, GIVE STREET AD  Fallston General	eral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary  12b KIND OF BUSINESS (INDUSTRY)	OR
filled in sould be	USUAL RESIDENCE (IF NURSING HIME 130 STATE Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ALL UNITY 131. CITY OR TOWN TOTAL TEST	rille YES NO A	13e STREET ADDRESS / ZIP CODE 4047 Madonna Rd. 21084	
MARYLA ed within mpletely and 2 sh	John F.	Sperlein LAST	15. MOTHER'S MAIDEN NA		
e execut n ond co Poges 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST		ADDRESS	
ALTIMALITIMO of the be enders. Popl. the me	no	212-01-05	520 Mr. Edmund S	Sperlein Same	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2:  ING PHYSICIAN: The low requires that the death certificate be executed within 24 har of the office of the secure of the second of the secure of the order of the secure o	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNUHCAPA	DUE TO, OR AS A CONSEQUEN	matri-	AINAL DISEASE OR CONDITION GIVPN IN PART 110	
he low recon. has been if permit T permit T owseny in	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO   NO	
SION OF VITA PHYSICIAN: T ending physici this certificate the burnol-tronsi ad Mental Hygi d of Irem 18 sh	OR CONTRIBUTING CAUSE OF	NER) P.M. HA	YEAR	RED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART ?)	
DING PHY or offerthis after this e os the bu olth and M morked os	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE IN LIR (AT HOME THE FOR OFFICE FARI	211 LOCATION STREET	CITY OR TOWN COUNTY STATE	
Spital of Her us	sow the decepsed olive obove, (1) (we) (did) (did	on London the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		deoth occurred on the date and hour and from the causes stated	ost
0 4 0 00	226 SIGNATUR MA	mil Magdin		DIRECTOR PHYSICIAN   220. DATE SIGNED	
TO HOSPITAL OF TO FUNERAL IS Should be detail with the State IMPORTANT: If	22d. PHYSICIAN'S NAME (TYP	DN, MANUE		Bul Ani Pul	
BP	230. BURIAL, CREMATION, REMOV. Burial	June 25,1986 Mos		Baltimore Maryland	
DHMH · 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Leonard J. Rucl	Inc. Baltimore, M	faryland 250 DAT	E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE N 25 1986	

1041-12-04-7 0.7 kdM civity the nameball 7 feet ZEI TUBITTAK Saliston General Hospital Serreway and at in Itselford James Liverille c | N. 7 m comm Nd. 21084 Physical Company Sheet and Special Special Laybrenewith Acust - Promoter reflect steel then Breeze with stand tradet My Continued W Lower of M. Milita MAN THE BUTTON OF THE STATE

Speciment of last week about anyone

Legentral J. Tuch Law Mar Lawre, Marghand

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH DECEASED NAME 7h HOUR (TYPE OR PRINT) 6-26-86 George C. Krach Sr. 9 A. 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH MONTH YEAR Male White 6-13-1907 BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore County Balto. County CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Brookwood Ave. Carpenter-Retired Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 138 STATE 1136 COUNTY 1136 CITY OR TOWN Balto. 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Balto. Md. 7438 Brookwood Ave. -21236 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Pauline Neubauer George C. Krach 166 SOCIAL SECURITY NO 17 INFORMANT 216-03-2057 Adelaide E. Krach-7438 Brookwood Ave.-21236 No 18 CAUSE OF DEATH (Enter only one couse per line for to a (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

ental

ould be detocated in the Stote [

ŏ

Burial 6-28-86

23a BURIAL CREMATION REMOVAL

Parkwood Cemetery

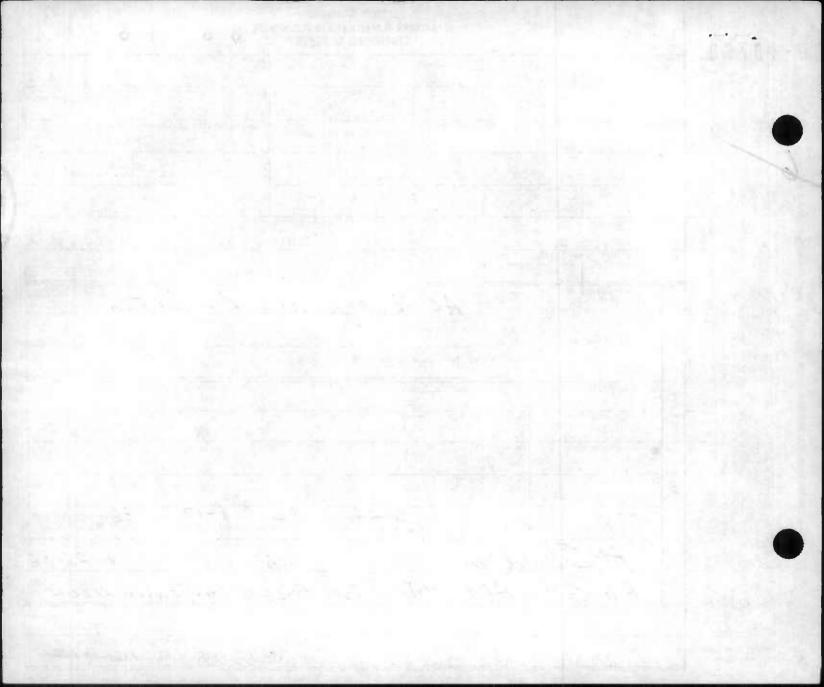
22e ADDRESS

ery Baltimore, Maryland

256 DATE REC'D. BY REGISTRARIZS REGISTRAR'S SIGNATURE

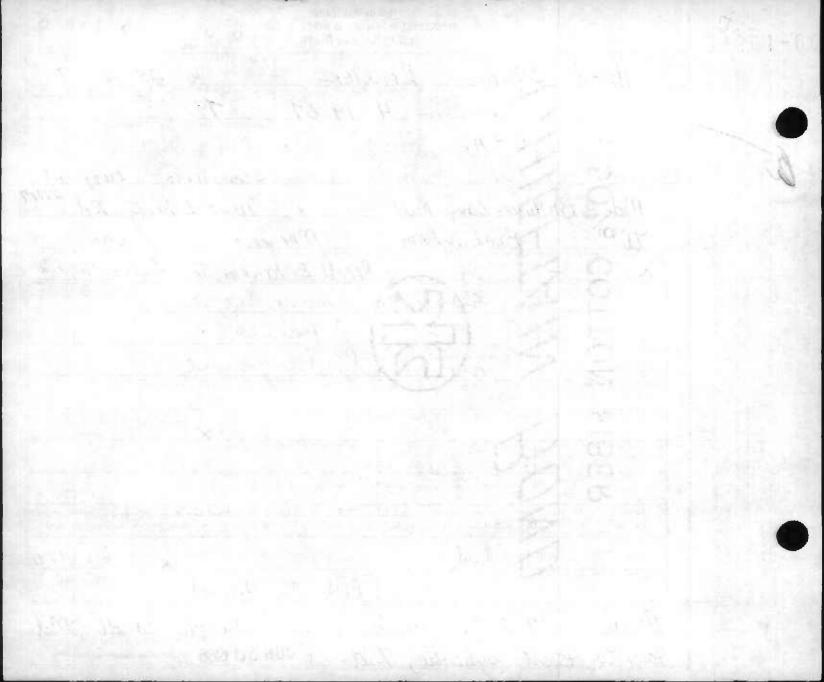
John C. Miller Inc-6415 Belair Rd.-21206

JUN 30 1986 Julia Davidson Mandale



Land to the state of the state TOTAL PROMISE TOTAL trens and professional state of the cost o

	Dec		STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE © 6 16 16
00-1	P948		REGISTRAR CERTIFICATE OF DEATH REG. NO.
y be	poge 3		Helen CATIETINE Krickles 20 Date of Death Month DAY YEAR 26 HOUR X
	offer property	3. SE	Vengle Caucausian 04 19 07 19 VRS MONTHS DATS MONTHS MONTHS DATS M
	199		RTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED MODEL MODEL MARRIED MODEL MODEL MODEL MARRIED MODEL MARRIED MODEL MODEL MODEL MODEL MARRIED MODEL M
	1135	P	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  AND AD 15 TOWN OF DEATH  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YELD OF WORK FOR MOST OF WORKING LIFE) (IT YELD OF WORK FOR MOST OF WORKING LIFE)  TO SPITAL  TO
AND	200	13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  130. STREET ADDRESS / ZIP CODE  11120 LIMITS Rd.  2.111
, MARY	Complete		STHER'S NAME  BIST M BUCKINGS AM  BUCKINGS A
TIMORE be execu	s. Pages e medica		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  AVE. SUITE, Me.
ST., BALTI	banpaper remaval.		18 CAUSE OF DEATH lEnter only one couse per line for 101, (b), and 10 PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON	by the attending sse remove carb , cremation, ar r ather traumatic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF AND
DS, 201	signed Then plec to burial njury, ar	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
AL RECOI	has been to permit. The prior prior any	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW YES NO NO
DIVISION OF VITAL RECORDS,	nding physician nis certificate ha burial-transit p Mental Hygien or them 18 show		216. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH OR PART 1 OR PART 2)  OR CONTRIBUTING CAUSE OF DEATH OR PART 1 OR PART 2)  (IF EITHER NOTIFY MEDICAL EXAMINER)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)  19 19 16
DIVISION DING PHYS	offer this as the but th and M srked of	MEDICAL	216 INJURY OCCURRED  WHILE INDITION STREET FACTORY, OFFICE, FARM, ETC.)  AT WORK OFFICE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  216 LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
	CTOR.		220.1 certify that (1) (this hospital) attended the deceosed from 5 1 86 , 19 86 , to 5 2 8 , that   1) (we) last sow the deceosed alive an 6 2 8 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did1 (did nat view the body after death.)
At O	T H		22% SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X
O HOSPIT	etained by the TO FUNERAL should be detained the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OR PRINT)  22e ADDRESS  BAILTO. Co. Hospital
-	8P		BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 136 LOCATION COUNTY MILES
DHA	VH - 16 60M 7/84 (VRA 15, 4)	24 F	HAME W. Haisht Superille Md. JUN 30 1986 June wanden gonden



4 RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH Female White OLOW T4 1910 75 BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. BALTIMORE COUNTY. WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKING LIFE TOWSON GREATER B ALTIMORE MEDICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Balto. Timonium 13d. INSIDE CITY LIMITS? 712 W. Timonium Rd. NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Tarr MIDDLE + Benjamin Bella Isabelle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YESNOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 131-24-1665 Mr. William M. Kuzmiak 18 CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardio pulamono DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL FIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN STREET AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on above, (1) (we) (did) (did not) view the body after death \_\_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b Dr. J. Alan Baldanza 10629 York Rd. Cockeysville, Md. 21093 23a. BURIAL, CREMATION, REMOVAL 6/19/86 23c NAME OF CEMETERY OF CREMATORY
Dulaney Valley Cockeysville (SPECIFY Burial

G.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KUZMIAK

1050 York Rd.

REG. NO

MONTH

2b. HOUR

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21093

186 16

IF UNDER I YEAR

Galton

Same as 13e

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

Md

YES [

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

IN CERTIFYING CAUSES OF DEATH?

20 DATE OF DEATH

Film G517 Item 15.

**GLADYS** 

1 - STATE 7/24/86 rja

1. DECEASED NAME

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc.

DHMH - 16 60M 7/84

(VRA 15, 4)

(TYPE OR PRINT)

120 LEC 1110. 25 25 72 . 110 in 21120

121-24-1-3 pr. 4115m h. Comminh Smora 23e

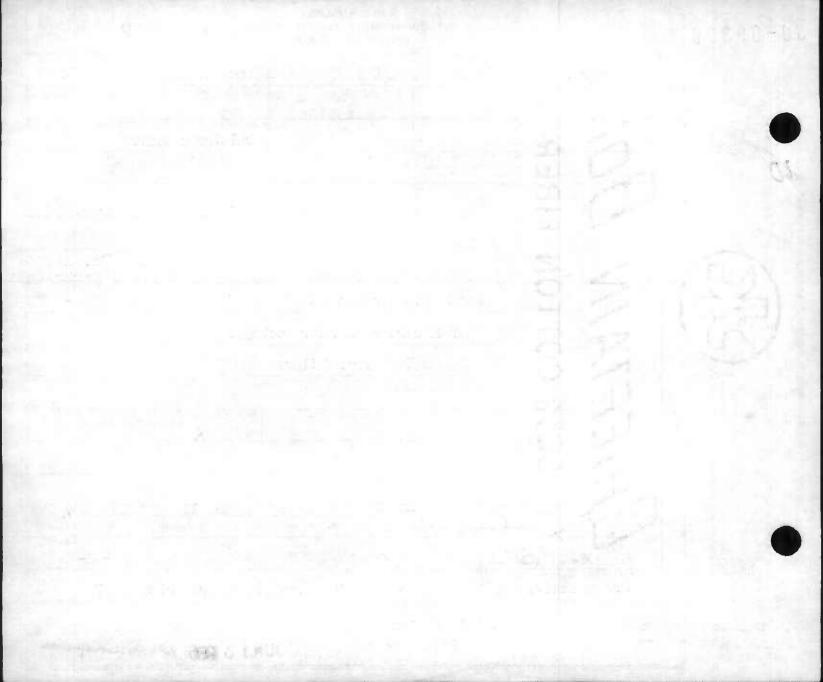
w. J. slam believes 1 % or W. Code oville, M. 21103

urio1 /1/ ulu o lle (oc'e sv.lla 115). Id

First Torson ingred on C, Fig. Ut or M.

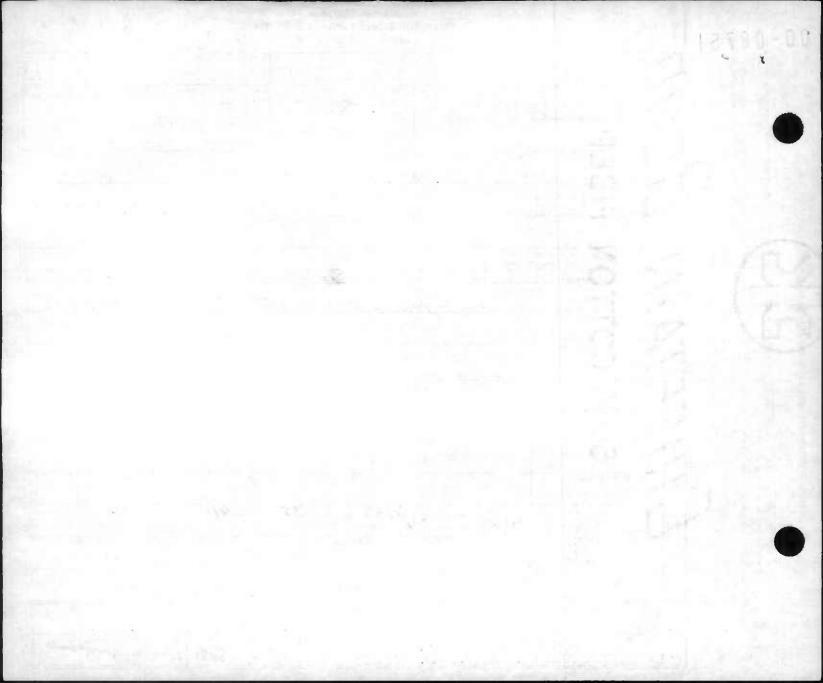
SCHIMUNEK FUNERAL HOME, Balto, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)



21201
MARYLAND 2
BALTIMORE, I
PRESTON ST.,
201 W. PF
RECORDS, 2
JE VITAL
DIVISION

8751	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	6 1 1 9
201		EASED NAME FIRST	WIOOFE	LAST	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
8 4	{TYPE	MORTON		LAPIDES	JUNE 1,1986	7:30 AM
il v	3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS BATS HOURS MIN.
1		MALE	WHITE	DEC. 20,1908 1908	77 YRS	
2 35	7a. BI	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH
40	In CI	MARY LAND TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED		125 KIND OF BUSINESS OR
20		16 1543	(IF NOT IN SUCH FACILITY, GIVE STREET	T AODRESS)	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
	MSU/	LTIMORE AL RESIDENCE (IF NURSING HOME OR TATE 113b COUN				BEVERAGE
35			IMORE BALTIMOR		130 STREET ADDRESS / ZIP COD	
南八		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE		LAST
		MAX	LAPII	DES MOLL:	IE	SOBEL
medicol		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECT		ADDRESS	
a)		YES WWIL ARM			AN LAPIDES 11 SLADI	
nt, th	4	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSE)	ly one cause per line for (o), (b), ar	PCINOTA	DE LUNG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MONTHS
hen pleose re to burial, cres ijury, or othe	N	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU		TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1:a
Sony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \( \bigcup \)
Hem 18 she		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	PAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 21
2 5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
n ond	2	AT WORK NOT WHILE AT WORK				
is more			tal) attended the deceosed from  1 2 9 19	86 , and that in (my) (our) ap	, to	19 6 that (It (we) last our and from the couses stated
2 0				DEGREE		
detached to ble Dept of IT: If Hem 2		22b. SIGNATURE	en	ATTENDII PHYSICI		22c. DATE SIGNED 6/2/86
NT.		226. SIGNATURE 22d. PHYSICIAN'S NAME 11996 O	KERZNER	ATTENDII PHYSICI, 220 ADDRESS	AN 🛣 DIRECTOR 🗌 PHYSICIAN 🗍	6/2/86
APORTANT:	23€ E	22d. PHYSICIAN'S NAME 11910 BOR IS URIAL, CREMATION, REMOVAL	KERZNER  23b. DATE  23c.	ATTENDII PHYSICI, 220 ADDRESS	E AVE. BALTO., MD.	6/2/86 (21208)
with the St.	23a E BU	22d. PHYSICIAN'S NAME 11900 BOR IS	23b. DATE 23c	220 ADDRESS  131 SLAD  NAME OF CEMETERY OF CREMATE  AAREI TFILOH CON	E AVE. BALTO., MD.  ORY 234 LOCATION CITYOF TOWN	6/2/86 (21208) TO. MD.



-	
2	P
4	7
0	
MARYLAND	
4	
≿	
A	
BALTIMORE,	
ō	
2	
E	
BA	
S	
Z	
0	
S	
OK.	
EA.	
W. PRESTON ST.	
201	
2	
F VITAL RECORDS,	
×	
S	
R	
7	
E	
>	
0	
Z	
0	
IVISION OF	
2	
1	
4	d
1	

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) Robert E. Lee 6 20 1986 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Male White YEAR 1911 18 75 TO BIRTHPLACE (STATE OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Ohio WIDOWEDXX DIVORCED Baltimore County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Timonium 1 H. Breezy Ct. Ret. Sales Exxon USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

136. STATE

1136. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Maryland Timonium 1 H. Breezy Ct. 21093 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Robert R. Lee Anna Μ. Horchler ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 213 10 8986A Ms. Diane Lee 460 Five Farms La. 21093 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 20 D PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11/4 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? 0 IN CERTIFYING CAUSES OF DEATH? per NO YES [ the burial-transit and Mental Hygie 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL or Item (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC ] STREET CITY OF LOWIN COUNTY STATE morked NOT WHILE 22a | certify that (1) (this haspital) attended the deceased fram \_, that (II (we) lost saw the deceased allow on above, (I) (we) (duty did not use the projection death and that in (my) (our) opinian death occurred on the date and hour and fram the causes stated Dept 22h SIGNATURE DEGREE 22c DATE SIGNED \* ATTENDING STAFF MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES TYPI THE PRINT 230. BURIAL, CREMATION, REMOVAL ZA DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAZ ISPECIFY Burial Baltimore 6/24/86 Driud Ridge Cemetery COUNTY Mdiate JUN 24 1986 June 1986 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Mitchell-Wiedefeld (VRA 15, 4) 6500 York Rd.

STATE OF MARYLAND

		- 1					STAT	E OF MARYLAND			, , ,
00-	1056	1	1-	FOR STATE REGISTRAR		ī		HEALTH AND MENTAL I	HYGIENE 8 6	6	1 2 1
				DEASED NAME	FIRST	WIDDIE		LAST	26. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	be 3		(IIIIe		avid		20	LKO		6 22 8	36 03 100M
			1.5E	3	4. RACE		5. DATE	OR BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF UNDER	BAYS HOURS MIN.
			1	M-ALE	W	HITE	JA		<b>XX</b> 7	7 YRS	DATS MODES MIN.
		21		RTHPLACE (STATE OF F	OREIGN 76 CITIZ	EN OF WHAT CO	OUNTRY? 8.	D XNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
w	100	19		MARYLAND		USA	WIDOW		BALTIMO	RE COUNTY	MD
5/	to the light with the light with	3		TY OR TOWN OF DEA RANDALLSTOW			, NURSING HOME	OR OTHER INSTITUTION HOSP.	12ª USUAL OCCUPA (TYPE OF SALESM		KIND OF BUSINESS OR USTRY SHOES
2	2 53	20	USU/	L RESIDENCE (IF NURSI	NG HOME OR OTHER INS	THTUTION, GIVE RESIDE		1124 INICIDE CITY LIMITS	2 112 STREET ADDRES	AP'	
D N	2 11/2	9	I.	ARYLAND	136 COUNTALT	O. BA	LTO.	YES NO	? 13e.STREET ADDRES	nehenge ci	R. 21208
2	1 10	15	14. FA	THER'S NAME	MIDDLE		LAST	15 MOTHER'S MAIDEN			
A A	1 16 1	0		MAX	WIDDLE	LEFKO	LASI	FIRST HAL	NAH MIDDLE	UNKI	NOWN
#	1000	1		(AS DECEASED EVER I	N U.S. ARMED FO		IAL SECURITY NO.	17 INFORMANT ME	RS. MARY LEF	XOS	
IMO	0 00 1	/		ES, NO OR UIAKIAOWA)	TIP TES, GIVE WAR OR I	DAIES			GE CIR., AP		MD 21208
PALT	sicio sicio al.			18 CAUSE OF DEATH		use per line for (o	1, (b), and (c).1				APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
17	phys anpap emave			PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUS	E (0) COP	a Re Ora	ABCIE	lale		
NO					DUI	E TO, OR AS A CO	ONSEQUÊNCE OF				
EST	death attend ove co tion, c			Conditions, if ony,	which (	(b) HUT	MARIL	Sabh			
A.	by the attendings remove corb, cremotion, or a			gove rise to imm couse (a), stating	the DUI	TO, OR AS A CO	ONSEQUENCE OF	1 30			
3	that d by lease iol, or oth			underlying couse	lost	10 RP r	lal -	d Oudle	90		
s, 20	ires		7	PART 2 OTHER SIGN	IFICANT CONDITI	ONS CONTRIBUT	ING TO DEATH BU	NOT RELATED TO THE T	ERMINAL DISEASE OR CO	NDITION GIVEN IN P	ART 110
ORO C	en se r. The or to		TIO	PNEHN	LOMO	5	1007E	librill	Olion		
REC	law re ermit. e prior	9	ICA	190. DATE OF OPERAT	ION 19b.	CONDITION FOR	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
LAI	IYSICIAN. The I ding physician. is certificate has burial-transit pe Mental Hygiene	-	CERTIFICATION						YES NO	YES	NO 🗆
<u> </u>	SICIAN. I gg physici certificate rial-transi ental Hygi			218. ACCIDENT WAS UND		TIME OF INJURY OUR A.M. MON	NTH DAY YEAR	216. HOW INJURY OCC	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR P	PART 2)
0	PHYSICIAN, ending phys this certificate buriol-troid Mental Hyself and Mental Hyself and Hyself Hyse		MEDICAL	(IF EITHER NOTIFY MEDIC		P.M.	19	ON LOCATION			
	NDING PHY of ar attendi R: After this use as the bu Teolth and M		MED	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE C	PLACE OF INJUR' HOME STREET, FACTOR	Y, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN COU	JNTY STATE
ā	Afr Afr			22s. I certify that (I)		nded the decease	ed from	19	10	19	that (I) (we) last
	E & O P & C			snw the decense	d alive an		10	nd that in (my) (our) opin	ion death accurred on the	date and hour and fix	, , , , ,
	R A hospi			22b SHONATUH	d) (did not) view th	ie body offer deal	in.	DEGREE		220	L DATE SIGNED
				Howel	12 (X	MOD.	- 11)	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN M	6/22/81
	- 0 - 4 - 6	7	13	22d PHYSICIAN NA	MI ( PE OR PRINT)	100		22e ADDRESS	· _ omegron _ rom		0
		/		H- A.	SYE	ED -		BALTIMO	RT COULN	TY GET	V. HOSD
	sho Sho		23a B	URIAL, CREMATION, F	REMOVAL 23b. D	ATE	23c NAME OF	EMETERY OR CREMATO	RY 23d LOCATION	1.1.0.01	
	BP		(	BURTAT	6/	23/86	OHER	SHALOM MEM.	PARK RETST	ERSTOWN BA	ALTO. MD
	DHMH - 16 60M 7.	/84	24 FL	INERAL DIRECTOR			AD & BROS.	20	DATE REC'D. BY REGISTRA	AR 256. REGISTRAR'S SI	IGNATURE
	(VRA 15, 4)	J-1		6010 REIST					JUN 25 198	36	don 1/4



0	4940
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701	

11.	FOR		DEPARTME	ENT OF HEALTH AND MENT	AL HYGIENE 🔀			1 000
	- STATE REGISTRAR			CERTIFICATE OF DEAT		REG. NO.		
	PE OR PRINT)		MIDDLE	LAST	20 DATE	OF DEATH MO	NTH DAY	86 9 A
		wrence:		-eisey	- Contract	6	-30-	
3. 51	AA a la	4 RACE	2.3		EAR	IN YEARS LAST BIRTHDA	MONTHS	DATS HOURS
120 5	BIRTHPLACE (STATE OR FOR	White	WHAT COUNTRY?	5 2	12 IO BALTIA	AORE CITY OR C	YRS OF DE	ATH
	COUNTRY)		7.0	MARRIED X NEVER MARR	IED 🗀	Ltimore (		
	<b>Pennsylvania</b> Lity or town of deati			WIDOWED DIVORCE HOME OR OTHER INSTITUTION		AL OCCUPATION		KIND OF BUSINESS
I	Baltimore		th facility, give street as	Nursing Home		ork for most of wo		iesel
13a.	JAL RESIDENCE (IF NURSING			DMISSION	MITS? 13e STREE	T ADDRESS / ZI	IP CODE	
LA	[aryland	99	Baltimor		□ 270	06 Overla	and Ave	nue 2121
	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAI		MIDDLE		LAST
_	eorge was deceased ever in	R.	Leisey	ITY NO. 17 INFORMANT		ADDRESS		Hess
1	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	16 100		D Today		741 (1-1-1	21230
1	lo	Enter only one cause per	216-01-89		E. Tersel	, Sr. I		ington St
	Conditions, if any, a	MMEDIATE CAUSE (0)	R AS A CONSEQUEN		en			
FICATION	Conditions, if any, or gove rise to imme cause (a), stating underlying cause	MMEDIATE CAUSE (0)  DUE TO, O  which diate the DUE TO, O  lost. (c)  FICANT CONDITIONS CO	R AS A CONSEQUEN		HE TERMINAL DISE	JTOPSY? 20	Ob. IF YES, WERE	E FINDINGS USED CAUSES OF DEATH
CERTIFICATION	Conditions, if any, or gove rise to imme cause (a), stating underlying cause	DUE TO, O  which diate the DUE TO, O  lost. (c)	R AS A CONSEQUEN  DITTRIBUTING TO DE  ITION FOR WHICH O	NCE OF  EATH BUT NOT RELATED TO TO  PERATION WAS PERFORMED  21c HOW INJURY	HE TERMINAL DISE	JTOPSY?   20   IN	Ob. IF YES, WERE N CERTIFYING O YES	E FINDINGS USED CAUSES OF DEATH NO
AL CERTIFICATION	Conditions, if any, or gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNII  190 DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	MMEDIATE CAUSE (0)  DUE TO, O  which diate the DUE TO, O  lost. (c)  FICANT CONDITIONS CO  REYING DUSE OF DEATH  AND THE TORREST TO THE CONDITION AND THE CO	R AS A CONSEQUEN  DITTRIBUTING TO DE  ITION FOR WHICH O  OF INJURY  M. MONTH DAY	NCE OF  EATH BUT NOT RELATED TO TO  DEFRATION WAS PERFORMED  Y YEAR  21c HOW INJURY	HE TERMINAL DISE	JTOPSY?   20   IN	Ob. IF YES, WERE N CERTIFYING O YES	E FINDINGS USED CAUSES OF DEATH NO
	Conditions, if any, a gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNII  19a DATE OF OPERATIO	DUE TO, O  which diate the lost. (c)  FICANT CONDITIONS CO  EXTENDED TO THE COND  REVING TO THE COND  REVING TO THE COND  REVING TO THE COND  216 PLACE	R AS A CONSEQUEN  ONTRIBUTING TO DE  ITION FOR WHICH O  OF INJURY  M. MONTH DAY  M. OF INJURY	DEATH BUT NOT RELATED TO TO THE PROPERTY OF TH	HE TERMINAL DISE	JTOPSY? 20 IN NO NATURE OF INJURY IN	Ob. IF YES, WERE N CERTIFYING O YES NITEM 18 PART 1 OR	E FINDINGS USED CAUSES OF DEATH' NO
MEDICAL CERTIFICATION	Conditions, if any, a gove rise to imme cause fai, stating underlying cause  PART 2 OTHER SIGNII  190 DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	MMEDIATE CAUSE (0)  DUE TO, O  which diate the lost.  FICANT CONDITIONS CC  DN 196 COND  REVING HOUR A. LEXAMINER)  D 216 PLACE:  LAT HOME STE	R AS A CONSEQUEN  DITRIBUTING TO DE  ITION FOR WHICH O  OF INJURY  M. MONTH DAY  M.	DEATH BUT NOT RELATED TO TO THE PROPERTY OF TH	HE TERMINAL DISE	JTOPSY?   20   IN	Ob. IF YES, WERE N CERTIFYING O YES NITEM 18 PART 1 OR	E FINDINGS USED CAUSES OF DEATH' NO []
	Conditions, if any, a gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNII  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTHY MEDICA  21d. INJURY OCCURRE  WHILE NOTHY MEDICA  21d. INJURY OCCURRE  AT WORK AT WORK  220.1 certify that (1) (f	DUE TO, O  which diate the DUE TO, O  lost. (c)  FICANT CONDITIONS CO  REVING 196 COND  REVING 196 COND  REVING 196 COND  216 TIME O  HOUR A.  LEXAMINER) P.  D 21e PLACE  (AI HOME STE	R AS A CONSEQUEN  ONTRIBUTING TO DE  ITION FOR WHICH O  OF INJURY M. MONTH DAY M.  OF INJURY REET, FACTORY OFFICE FAR	PEATH BUT NOT RELATED TO TO THE PROPERTY OF TH	D 200 AU YES COCCURRED (ENTER	JTOPSY? 20 IN	Ob. IF YES, WERE N CERTIFYING O YES  NITEM IB PARTI OR	E FINDINGS USED CAUSES OF DEATH NO PART 2)
	Conditions, if any, or gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNII  190 DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE WHILE NOTHER WORK  21d. INJURY OCCURRE WHILE NOTHER WORK  220.1 certify that (1) (4) saw the deceased above, (1) (we) idic	DUE TO, O  which diate the DUE TO, O  lost. (c)  FICANT CONDITIONS CO  REVING 196 COND  REVING 196 COND  REVING 196 COND  216 TIME O  HOUR A.  LEXAMINER) P.  D 21e PLACE  (AI HOME STE	R AS A CONSEQUEN  DITION FOR WHICH O  OF INJURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY OFFICE, FAR  THE deceased from	PEATH BUT NOT RELATED TO T  OPERATION WAS PERFORMED  ( YEAR	D 200 AU YES COCCURRED (ENTER	JTOPSY? 20 IN	Ob. IF YES, WERE N CERTIFYING C YES  NITEM IB PARTI OR  COI	PART 2)  That (I) (we come the causes state
	Conditions, if any, or gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNII  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI  (IF EITHER NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK NOT WHILE AT WORK  22a.1 certify that (1) (1) (1) saw the decased	DUE TO, O  which diate the last.  FICANT CONDITIONS CO  REVING HOUSE OF DEATH (EXAMINER)  D 21e PLACE (AT HOME STE	R AS A CONSEQUEN  DITION FOR WHICH O  OF INJURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY OFFICE, FAR  THE deceased from	PEATH BUT NOT RELATED TO T  OPERATION WAS PERFORMED  ( YEAR	OCCURRED (ENTER  opinion death occu	JTOPSY? 20 IN  NATURE OF INJURY IN  CITY OR TOWN	Ob. IF YES, WERE N CERTIFYING C YES	E FINDINGS USED CAUSES OF DEATH NO PART 2)
	Conditions, if any, or gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNII  190 DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE WHILE NOTHER WORK  21d. INJURY OCCURRE WHILE NOTHER WORK  220.1 certify that (1) (4) saw the deceased above, (1) (we) idic	DUE TO, O  which diate the last.  DUE TO, O  which diate the last.  FICANT CONDITIONS CO  DN 196 COND  REYING 197 COND  REYIN	R AS A CONSEQUEN  DITION FOR WHICH O  OF INJURY  M. MONTH DAY  M. MONTH DAY  M. OF INJURY  REET, FACTORY OFFICE FAR  THE deceased from  after death	PEATH BUT NOT RELATED TO T  OPERATION WAS PERFORMED  ( YEAR	OCCURRED (ENTER  opinion death occu	INO IN INDICATE OF INJURY IN CITY OR IOWN	Ob. IF YES, WERE N CERTIFYING C YES	PART 2)  That (I) (we come the causes state
MEDICAL	Conditions, if any, or gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNII  190 DATE OF OPERATIO  210. ACCIDENT WAS UNDER OR CONTRIBUTING CA  (IF EITHER NOTIFY MEDICA  21d. IN JURY OCCURRE  WHILE NOT WHILE AT WORK  220. I certify that (1) (the saw the deceased above, (1) (we) (dicease)  22b. S. ATURE	DUE TO, O  which diate the DUE TO, O  lost. CO  EICANT CONDITIONS CO  DN 196 COND  RIVING 197 COND  RIVING 1	R AS A CONSEQUEN  ONTRIBUTING TO DE  ITION FOR WHICH O  OF INJURY M. MONTH DAY M.  OF INJURY REET, FACTORY OFFICE FAR  is deceased from  after death	PEATH BUT NOT RELATED TO T  OPERATION WAS PERFORMED  ( YEAR	OCCURRED (ENTER  pinion death occurrent of the pinion death occurrent occurrent of the pinion death occurrent of the pinion death occurrent occurr	INO IN INDICATE OF INJURY IN CITY OR IOWN	Ob. IF YES, WERE N CERTIFYING C YES	PART 2)  That (I) (we rom the causes state)

boatyted!

. 4 . . .

legiting ferking Namelag Home Because authorite

Baltimine X 2706 Overline lyamue 20204

STUBIL SELLEN

Blo-1-0919 William H. Leisey, Sr. 1741 Towkryton St.

Horist Conductor Conductor Conductor Initiation Conductor

LEGISTE . SEC. LEG. BELYMORD, LEGISTER

0-10817/		REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.	
9 74		CEASED NAME FIRST MI HOWARD #	D. LIN	TZ	JUNE NO	24, 1986 26 HOL
ge 4 may ecto rs aft	3. SE	MALE WHITE	S DATE OF MONTH	- DAY 1 MEAR	6 AGE (IN YEARS LAST BIRTHDA	YRS IF UNDER LYEAR IF UNDER
eoth. Par nerol dir n 72 hou		RTHPLACE (STATE OR FOREIGN 76, CITIZEN OF W. MARYLAND 4, S. A.	AAADDIED	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY <u>OR</u> C	
by the full filed with	PH	HOENIX 14345	OSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS) DARRETS VILL	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
AND 2 K	13a S	AL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION OF STATE  138 COUNTY  BALTO. CO.	PHOENTX		7	ETSVILLE PIRE
RE, MARYL.	34		LINTZ	15 MOTHER'S MAIDEN NAM	MIDDLE	COOK
FIMORE on ond s. Page e medic			216-12-6804	17 INFORMANT	FAMILY FE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA DISTORMENT OF PROPERTY OF PROPER		Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR	AS A CONSEQUENCE OF Candio No	~ 1	asset	APPROXIMATE INTE
RDS, 201 equires the signed by Then pleo to buriell injury, or el	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CO		7 /	NAL DISEASE OR CONDIT	ON GIVEN IN PART 110
AI RECO	CERTIFICATION		TION FOR WHICH OPERATION		YES NO	N. IF YES, WERE FINDINGS USE I CERTIFYING CAUSES OF DEA YES \( \bigcap \) NO \( \bigcap\$
N OF VITA  SICIAN: T ng physici certificate urial-transi fem tall Hyg		218. ACCIDENT WAS UNDERLYING	A. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2)
DIVISION ING PHYSI r attending After this ca cas the buri Ith and Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE (AT HOME, STREE  AT WORK	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
ATTENDI or sported or sported or sported or use of for use or of Heol		220.1 certify that (I) (this hospital) attended the	22 19 86 one			ond hour and from the causes st
TAL OR by the hor RAL DIRE detoched detoched to be put I filter	0	22h Signiffere	and on	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL etained by t TO FUNERAL should be det with the State		DR. LARRY WILSON		33/3 PAP	ERMILL RD	, JACKSONVIL
7 5 F 2 3 5	23a. I	BURIAL, CREMATION, REMOVAL 236. DATE	23c NAME OF CE	METERY OR CREMATORY	23d LOCATION	

CHAPEL OF CHIMES TIMONIUM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

Item # 6, Film G 621,11.5.85 ra

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ IN ITEM 18 PART | OR PART 2) STATE COUNTY 86 te and hour and from the causes stated 22c. DATE SIGNED AN , JACKSONVILLE 23c NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE quie lunam proprié

26 HOUR

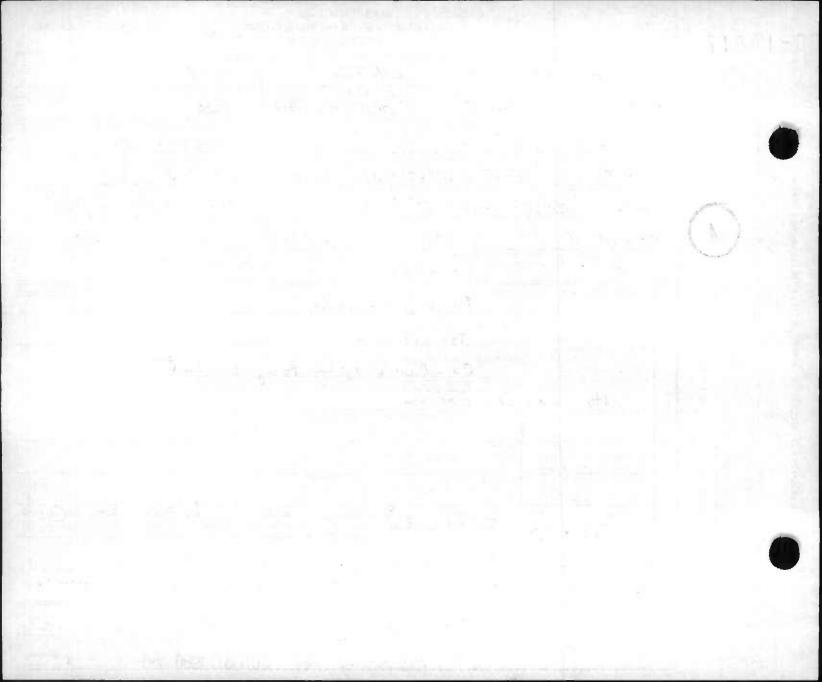
126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

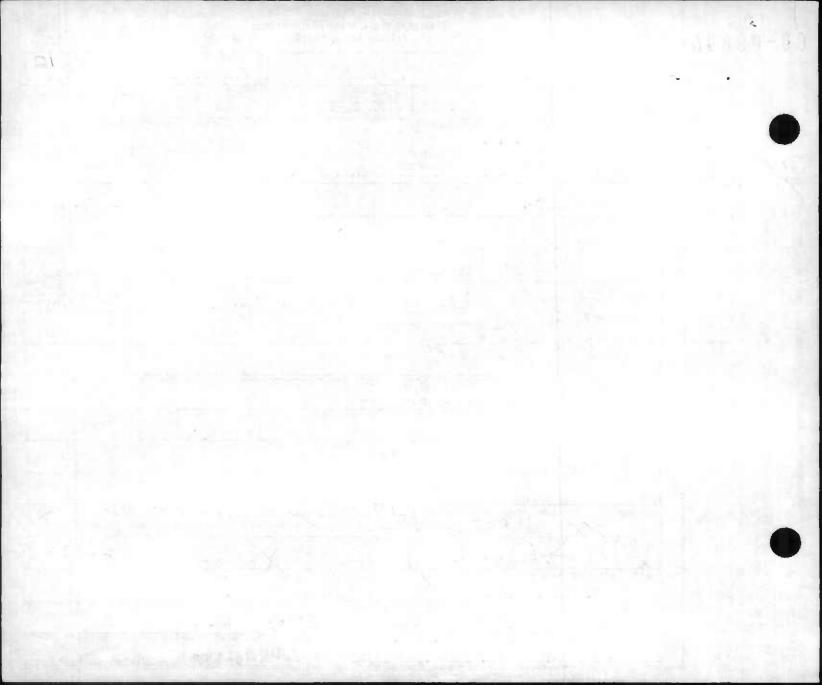
2/131

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2, 201	j
£ .	IJ
The law the many that the law to	dert
in Notation of American Control of Control o	U
DIRECTOR After this certificate has been somed by the afteriding physician and completely pilled party the tokeral director, page 3 C.C.	y
sched for use in the burishhorist permit. Then piegos remove corbon papers. Pages Lond 2, 350 (6 by 13) divisions ofter depth	8

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS BENJAMIN JUNE 12, 1986 LONDON 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) JUNE 2, 1898 16AR MALE CAUCASIAN 88 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA U.S.A. BALTIMORE COUNTY 126 KIND OF BUSINESS OR RANDALLS TOWN BALTO. COUNTY &N GENERAL HOSP. OFFICE BOOKKEEPER 21207 BALTO BALTO 13e STREET ADDRESS OF COLOR CT., APT. A 13d INSIDE CITY LIMITS? MD YES [ 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE ANNA UNKNOWN SAMUEL LONDON 166 SOCIAL SECURITY NO JOSEPH OMANSPRESS ATTY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT YES OF UNKNOWN 196-24-8647 ALVERT ST. BALTO, MD 21202 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETTHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC ) WHILE NOT WHILE 220 I certify that (I) (this hospital) afterded the deceased and that in (my) (por) opinion death accurred on the date and hour and from the couses stated obave, (1) (we) (did (did not) view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL O FUNERAL nould be offer the Store PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS DR. MARVIN DAVIS 8507 LIBERTY RD. 230. BURIAL, CREMATION, REMOVAL 23t NAME OF CEMETERY OR CREMATORY 236 DATE 73d LOCATION COUNTMD STATE SPECBURIAL 6/15/86 ARLINGTON CEMETER BALTO. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)



8694	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEA	F MARYLAND LTH AND MENTAL HY ATE OF DEATH	REG. NO.	16125
may be page 3			A RACE	John St. Date Of	у п	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 6 45 M
orn. Page 4	70 BI	RTHPLACE (STATE OR FOREIGN OHINTRY)	7b. CITIZEN OF WHAT CO	OUNTRY? B. MARRIED	506 YEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
by the function	10 C	ty or town of death  who.	11. NAME OF HOSPITA	L, NURSING HOME OR GIVE STREET ADDRESS)	DIVORCED DOTHER INSTITUTION	120 USUAL OCCUPATION	MD.  The Kind of Business or Industry  S. ARMY
thin 24 hour	130 5	TATE 138 CO	DUNTY:  13. CITY  PA	ZKVILLE !	d. INSIDE CITY LIMITS? YES NOW MOTHER'S MAIDEN NA		ave. 21234
and completions of the completio	16a V	VILLIAM  VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (1F YES	ARMED FORCES? 166 SOC GIVE WAR OR DATES)	CIAL SECURITY NO. 11	ELIZAR INFORMANT E	BETH MIDDLE  ADDRESS  AMILY REC	BEADY
hot the death certificate by by the attending physicion ase remave carbonpopers. I, cremotion, or remaval.		Is CAUSE OF DEATH IENter PART I. DEATH WAS CAL IMMED  Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A C	o), (b), and CONE M  ONSEQUENCE OF	In fairce	Tion.	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
he law requires to on. The permit. Then ple permit. Then ple ene prior to burious yes ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICAN  7	ROKE	TING TO DEATH BUT NO		200 AUTOPSY? 206. IF	GIVEN IN PART TO  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
ING PHYSICIAN: The attending physicic fifer this certificate os the buriol-transit th and Mentol Hygic orked or flem. 18 shoot was a supported to the property of the physician or the physician	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	FOEATH HOUR A.M. MC	ONTH DAY YEAR 19 RY 2	II. LOCATION STREET	RRED (ENTER NATURE OF INJURY IN ITEM	
ittal Ok AftENDi by the hospital or RAL DIRECTOR. A e detoched for use State Dept. of Heal NT: If them 21 is m		220.1 certify that (1) (this has saw the decrased alive obove, (1) (we) (did) (did)	ospital) attended the deceas	nth. 19 & 6 , and DE	, 19 that in (my) (aur) apinion GREE ATTENDING PHYSICIAN	death accurred an the date and  MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses stated  221. DATE SIGNED  6-2-86
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store	230 E	A.H. G URIAL, CREMATION, REMOV	AL 236 DATE JUNE 7	i, MD.	7/	23d LOCATION CITY OF TOWN	TONSON 21204 COUNTY PAR.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR	L OF MEMOT	CIES DARK	The state of the s	TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE

тау ре

poge 3

FOR - STATE

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 1201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

injury, or ather troumotic event, th

MPORTANT: If hem 21 is marked or Hem 18 s for s any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

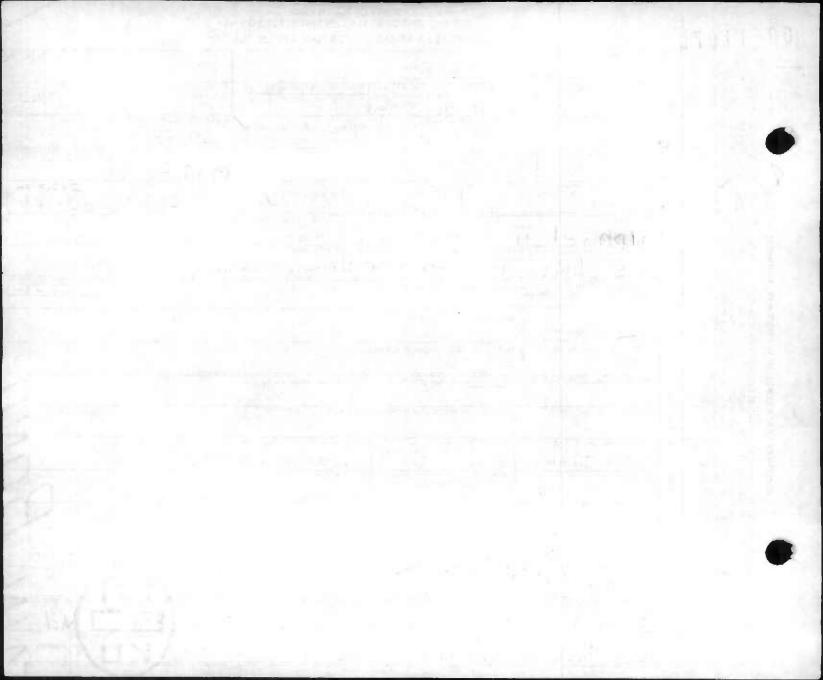
CERTIFICATE OF DEATH

86	161	26
OU	101	S

	REGISTRAR								REG. N	0.			
	EASED NAME	FIRST	^	MIDDLE	1	AST		2a. DATE C	FDEATH	MONTH	DAY	YEAR	2b. HOUR
[ IYPE (	OR PRINT}	ROLAN	D	R.	L	OWREY		8	6	6!	230	86	9:52A M
3. SEX		4	RACE	ALSO LINE	5. DATE C		25.0	6. AGE IN	YEARS LAST BIF	RTHDAY)	# UND	ER TYEAR	IF UNDER 24 HRS
	Male	4.75	Wh	nite	Jan		02	84	1	YRS		DAYS	HOURS MIN.
	THPLACE (STATE OF	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	A PRIED	9 BALTIM	ORE CITY C	R COUN	TY OF D	EATH	
	Marylar	nd l	USA	1	WIDOWE		ORCED	Ba	altimo	ore C	ount	v	MD.
10 CIT	Y OR TOWN OF DE		. NAME OF H	OSPITAL, NURSIN	G HOME C		ITUTION	12a. USUAI	OCCUPAT	ION	128	KINDO	F BUSINESS OR
ï	Towson		Great	er Balto	. Med	ical Ce	nter	Shipp	oing C	lerk		dustry ucas	Brothers
USUA 13a ST	L RESIDENCE (IF NUI	136 COUNTY		13c. CITY OR TOW		13d INSIDE C	TY LIMITS?	13e STREET	ADDRESS	/ ZIP CO	DE		
03.7	Maryland	Balt	imore	Luthervi	lle	YES 🗌	NOX		Chest	nut :	Ridg	e Dr	., 21093
14 FA1	THER'S NAME	MI	DDLE	LAST			MAIDEN NA/	ME	WIDDIE			LAS	1
	William			Lowrey	3	-	na				53	Russ	
	AS DECEASED EVE	R IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDR	ESS		100	
	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	215-05-0	904	Conrac	Bruns	, 1016	5 Ches	tnut	Rid	ge D	r.,21093
4.1	18 CAUSE OF DEA	TH (Enter only	one couse per	line for (o), (b), one	dicit			SIPPS:	Sarah)				IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	IMMEDIATE		AS	CVL	)	Y LOW	14.57				=5	YES
		75.144	DUE TO OI	R AS A CONSEQUE	NCEOF								
7	Conditions, if on	y, which	(b)_								43		
	gove rise to in		DUETO	R AS A CONSEQUE	NCE OF		- 174		3.25	13.00			
4.00	underlying cous	se lost.	(6)										
	PART 2 OTHER SIC	ENIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CON	DITION	SIVEN IN	PART I	0
NO NO			di	aletes									
8	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU1	OPSY?				NGS USED OF DEATH?
CERTIFICATION			531					YES 🗍	NOT		YES [	CAUSES	NO [
E. E.	21a. ACCIDENT WAS U	NDERLYING	216. TIME O			21c. HOW IN	JURY OCCUR	RED (ENTER P	NATURE OF INJU	JRY IN ITEM T	8 PARTIO	RPART 2)	
	OR CONTRIBUTING		HOUR A.	M. MONTH DA	Y YEAR								
MEDICAL	21d. INJURY OCCU		21e. PLACE		19	211 LOCATIO	N						
	WHILE NOT	VHILE	(AT HOME STR	REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET			CITY OR TO	NWO	C	OUNTY	STATE
	220.1 certify that		attended the	e decensed from			19 56	2 to	6	23	10	86	tho (I) we) lost
	saw the decea	sed plive on	M,	AY 19_	8C . or	nd that in my			red on the d	ote and h			
	22b. SIGNATURE	(did) (did not)	view the body	after death.		DEGREE						2c DATE	
93	50,	1-01	P /	in-the	i	11) A	TTENDING	MEDICAL			ı.	62	481
	22d PHYSICIAN'S N	JAME LIVE ORD	PINITA	meno		122e ADDRES	HYSICIAN X	DIRECTO	R   PHYSIC	CIAN		00	0
100	104		A1141 /					D 3		m			
	Costlo				36.1.		York			Tim	oniu	m	
	URIAL, CREMATION	I, REMOVAL	236 DATE			EMETERY OR C		-	TY OR TOWN		cou	NTY	STATE
	Buria		6/25/	/86 Me		idge Me					ward		ryland
24 FU	NERAL DIRECTOR			ADDRESS	2:	1229	250 DAT	11534	REGISTRAR 1006	756 REG	ISTRAR'S	SIGNAT	URE
Hu	bbard Fur	neral H	ome, Ir	nc. 4107	Wilke	ns Ave.	A ALE		1000	V			

The state of the s	
	and the second s
	NA ST
THE PARTY OF THE P	
	Links to the William

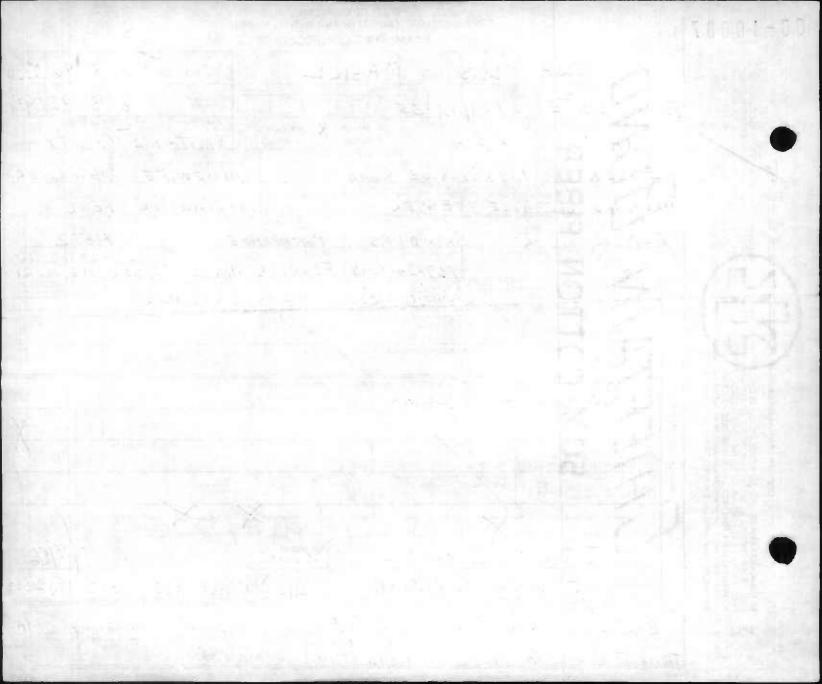
		FOR		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 1 6	127
00-11075		STATE REGISTRAR	MEDICAL EXAMIN		PATH REG. NO.	Co
		CEASED NAME FIRST	WIDOLE	LAST	20. DATE KNOWN MON	VIH DAY YEAR 26 HOUR
20125	(111	Thoma	s Raphael	MacKenney	DEATH MATED 1 6	5 22 19 86 M
ECESSARY, PLEASE NERAL DIRECTOR. SOR YOUR FILES. MITHIN ST HOURS RESTON STREET.	1 SEX	ale Negro		EARS IF UNDER 1 YR. IF UNDER 24 H DAY) MONTHS DAYS HOURS MIN (RS.	PRONOUNCED DEAD 6	26 86 2:10P
NEGES AND A STATE OF THE PROPERTY OF THE PROPE	قرا	RTHPLACE (STATE OR REIGH COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Co	bunty MD.
A STATE OF THE STA	1	undalk	II. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET A GORESS)  Bear Creek:	IE, OR OTHER INSTITUTION 120	USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY
TO THE STATE OF TH	1130. S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE AOMISS TY  13c. CITY OR TOWN  Dunde	T3d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS 687 A	21222 Wondale Rd
g winter	14) F/	THER'S NAME	MIDDLE LAST.	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
P. P	1	Ratphael	H Mackent	ney Mary	N	Lane
A A O SS O	16a V (Y	VAS DECEASED EVER IN U.S. ARA S. NO. OR UNKNOWN] (IF YES, GIVE V	MED FORCES? WAR OR DATES!  218-48		Kenney 609	Main ST
		18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST N 24 HO N ITEM 1 ALONG IT PERMITY STOVAL.		IMMEDIAT	DUE TO, OR AS A CONSEQUENCE	OF	- F-	
VITHIN VCIL IN VCIL IN VCIL IN VANSIT TAL HY REMC		Conditions, if any, which gave rise to immediate	(b)			
201 W. PRE UTED WITH! IN PENCIL ! EXAMINER RIAL - TRANS D MENTAL P		couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
RECORDS,  LD BE EXECTED BE EXECTED BE EXECTED BE AS A BUT HEALTH AN HEALTH A	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1 10	II.	
그 크는 #영토수 /	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?  YES █ NO □
OF VITA  ATE SHO IF WORD THE CHIE IND BE US TO BURIL	1 2	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY		NTER NATURE OF INJURY IN ITEM 18 PART 1 C	
ION OF THE CATE TO THE WHOULD IN ARTMEN		UNDERLYING SOR CONTRIBUTING CAUSE OF D		6 Subject precip	itated from brid	lge
DIVISION WRITING CRTIF WARTING WARDED TO PAGE 3 SHORT TATE DEPAIRED TO PRICE 12001 PRICE TO PAGE 3 SHOW WAS A	MEDICAL	214 INJURY OCCURRED WHILE DOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  Creek	21f. LOCATION STREET Bear Creek	Dundalk	Balto. MD
DIVIS DIVIS CER: THIS CER CATE, WRITIN CATE, WRITIN CATE PAGE 3 S HE STATE DEP		AT WORK	e af the remains described above, held an	Autopsy X Inspection		barco. Pib
MAINE TIFICA TH TH TH TH		death resulted from: Natur	rol causes , Accident S	uicide X, Homicide . Ui	ndetermined monner .	
M. EX.		ACTUAL SIGNATURE	122	TITLE (SPECIFY)Assistant		ATE 6/27/86
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, A SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE STI.  BALTIMORE, MARYLAND, 2	1	EXAMINER'S NAME 7 7	nn M. Dixơn, M.D.	111 Dox		
TO N PAGE TO FIE BALTE	23o.B	(TYPE OR PRINT) ALL		- CONTROL	Id LOCATION	
BP	(:	Burial	7-1-86 Garri	Son Forest V.A.	Dwings Hills	COUNTY M STATE
DHMH - 17	24 F	INERAL DIRECTOR	SADDRESS 1701 10		1 - 1986 yula wa	SSIGNATURE
(VR A15 ME (5)) 20M 4/82	1	US. TI MURI	onr Jons 1701 Lai	urons	- "	•



0-10941		FOR - STATE REGISTRAR				NENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. N		6	- Children	28
noy be poge 3 death		CEASED NAME E OR PRINT)	Fran		Lucille	L	Madera	June 27, 1		DAY	YEAR	25 HOUR 5:30 A
ge 4 mo	3 SE	× Female		4 RACE Whit	e	S. DATE C	ғыктн р <b>t. 29,1961</b>	6. AGE (IN YEARS LAST B	PRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS
neral dir		IRTHPLACE (STATE OR I	OREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	DIVORCED	9 BALTIMORE CITY Baltimor	_		EATH	MD
	10. C	Rossville			HOSPITAL, NURSIN THE FACILITY, GIVE STREET, Lin Squar		ROTHER INSTITUTION  pital	126 USUAL OCCUPA LIVPE OF WORK FOR MOST Beauticia		LIFE) 12b	KIND O	F BUSINESS OR
(1)35	13a S	AL RESIDENCE (IF NURS STATE Md	13b. COUN	OTHER INSTITUTION ITY alto.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Whitem	N . 1	134 INSIDE CITY LIMITS? YES NO TO	134 STREET ADDRESS	en Pl	ace	2123	6
MAR we	14. F/	Steven		MIDDLE	Tighe		15 MOTHER'S MAIDEN NA	WE	н	athw	ay LAS	ıī
on and co		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	217-03-9		Davis Funera	al Home Cla		rg W	. Va	
ATTENDING PHYSICIAN, The law requires that the deoth certificate be executed who spiral or attending physician.  RECTOR: After this certificate has been signed by the ottending physician and complete for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 or of the other hand Mental Hygiene prior to burial, cremation, or removal.  The plant of the other hand mental by the other traumatic event, the medical example is marked or hem 18 shafts you injury, or other traumatic event, the medical example.	MEDICAL CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH W  Conditions, if ony, gove rise to imm couse (b), stotin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCURE WHILE NOTIFY MEDI 21d. Certify that Sow the decease obove, If (we) (c 21b. SIGNATURE)	Which nediate go the lost.  NIFICANT CO  FION  SERLYING CALEXAMINER:  RED  (this hospit de dive on,	DBY: E CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19% COND  19	Cardio	NCE OF SEATH BUT SEMA OPERATION AND Y YEAR 19	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCURI  21f. LOCATION STREET  6 19 86 d that in (**) (our) opinion operation	200 AUTOPSY?  YES NAM  RED (ENTER NATURE OF INJ  CITY ORT	20b. IF Y IN CER URY IN ITEM 1	CCC 19 80 our and f	PART I TO E FIND IN CAUSES  R PART 2)  DUNITY	NGS USED OF DEATH? NO  STATE  that (we) last causes stated
TO HOSPITAL OR retained by the ham TO FUNERAL DIRE should be detached with the Store Deput MAPORTANT; if the	23a E	Cector 72d. PHYSICIAN'S NA Keith I BURIAL, CREMATION, (SPECHY)	Englis	MD 23b. DATE	30,1986 He		9000 Frank1	medical STA DIRECTOR PHYSI  in Square [    123d LOCATION   Clarks by	rive		37	27/86 Va. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	Leonard	J. Ruc	ek Inc.	Baltimore	e, Mar	ryland JU	N 30 1986	25b. REGI	STRAR'S	SIGNATI	URE

JA J	Ther.	D 150H	adii		el me	
					. Mir.	b
nale Fanet		Entiques in our	9 ml Edin	(reli	411120	
emily meaning ?		(cannot		of Int		
	Clare				11974	12
	ernanti i	1750 PEC-77	H111			

Interferribe percentaging and then, is hencoal-



0 -	0	9	6	2	8
-----	---	---	---	---	---

- STATE

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

	REGISTRAR			CEKTH	FICALE OF DEATH	REG.	NO.			
	DECEASED NAME FIRST	M	IDDIE	45	LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR	
	(TYPE OR PRINT) Floren	ce ;	r.	Ma	gness	June 16	1986		1:32A	
3	SEX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST !		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female	Whit	i e	Augu	ist 14,1915	70	Vac	MONTHS DAYS	HOURS MIN.	
1 7	O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY	OF DEATH		
100	Delaware	U.S.	. A .	MARRIE	ED NEVER MARRIED DIVORCED	Baltimo	re Co	untv		
4	CITY OR TOWN OF DEATH	LI. NAME OF H	OSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND C	OF BUSINESS OR	
0	Towson	Towsor	Conva	lesc	ent Home	Ret Se	cretar	FE) INDUSTRY	- 0	
16	JSUAL RESIDENCE (IF NURSING HOME OF 30 STATE IN COUN		SIVE RESIDENCE BEFORE  13c CITY OR TOW  Wilmins	N	138 INSIDE CITY LIMITS?	13 STREET ADDRESS 2724 E. H	ZIP CODE	Br. 49	9808	
1	FATHER'S NAME				15 MOTHER'S MAIDEN NA					
2	Albert	MIDDLE	Jamison		Ella	MIDDLE	I	acy	Ĭ.	
2	60 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD		21	1093	
2	No	E WAR OR DATES	222-03-1894 Thomas W. M.			agness, Jr. 1802 Reuter Rd.				
)		D BY: TE CAUSE (0)	AS A CONSEQUE	liot	Dulmony	Arrest	notro	BETWEEN	imate interval onset and death	
	Conditions, if any, which gove rise to immediate couse tot, stating the underlying couse last	DUE TO, OR	AAA CONSEQUE	NCE OF	lerote Ca	nde Vanc	ulad	laa.		
	PART 2. OTHER SIGNIFICANT (	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	a	
9	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDIT	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES ES []		
/	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		A. MONTH DA	YEAR						
/1	21d INJURY OCCURRED	21e PLACE C	OF INJURY ET FACTORY OFFICE F	ADM ETC.)	211 LOCATION	CITY OR	IOWN	COUNTY	STATE	
	AT WORK AT WORK	TALL STATE	ET PACIONE OFFICE P	ARM EIC)						
	22a I certify that (I) (this hospi saw the deceased alive an above, (I) (web today) (dig no	June	19 5	Ma.	nd that in (my) (our) opinion (	deoth occurred on the			that (I) (we) lost couses stated	
	22b. SIGNATURE	111	-		DEGREE			22c. DATE	4	
	/	1			MID "ATTENDING PHYSICIAN [	MEDICAL ST.	AFF ICIAN 🔲	6	18.86	
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS					
11	Dr. K. Na.	ir			1517 Merri	tt Blvd	Dunda	1k MI	0 21222	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22c. DATE SIGNED IMPORTANT: If He 6-16-86. Dundalk, MD 21222 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 73d LOCATION STATE 6-18-86 Gracelawn Mem. Park Burial New Castle. Delaware 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto. MD 21214 5305 Harford Rd. DHMH- 16,60M 7/84 Leonard J. Ruck, Inc. (VRA 15, 4)

4

A STATE OF THE STA

OV CIEF. SE CONTOR

Selaware Tellaware Tellaware Tellaware Tellaware Consetsory

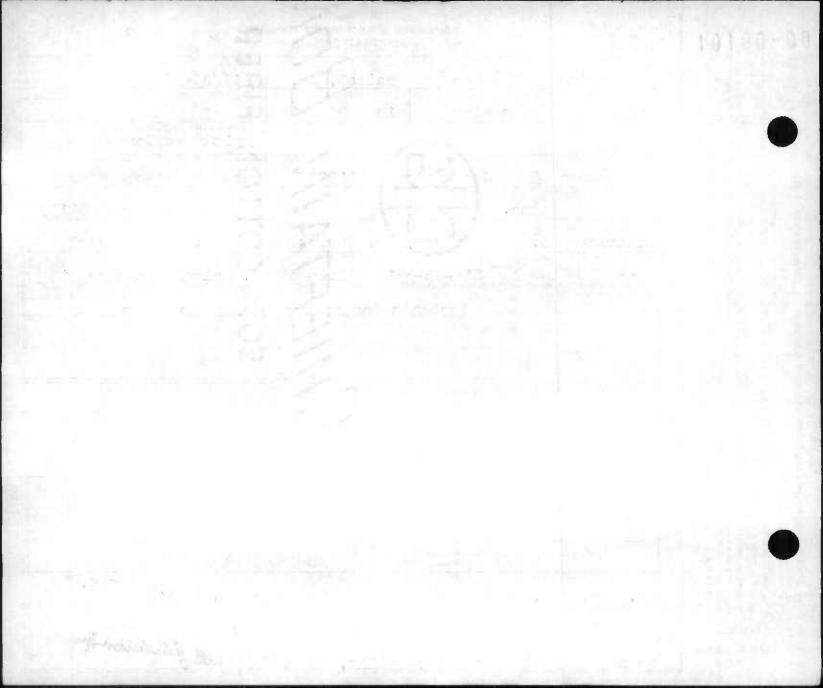
Deleases New Seatio Wildington x WWW 2. Making Re. 19903

atist | doublet

220-03-1994 Theire W. Fegness, Jr. 1901 Testor IM

Department for the design of the Carefact Delanguest

Frederick Charles   Maisel, Jr.   06/05/86					STATE OF MARYLAND	1 /	1 2 1
Trederick Charles Maisel, Jr.   06/05/86	09101	1 -	STATE		CERTIFICATE OF DEATH	REG. NO.	
Frederick Charles Maisel, Jr. 06/05/86    Age   Principle   Age   Age   Principle   Age   Age   Principle   Age   Age   Principle   Age				WIDDLE	LAST		YEAR 26 HOUR
Male Caucasian 10 30 18 67 VRS COUNTY OF DEATH MARRIED SHEPPING CAUCASIAN DECRET OF THE RESIDENCE OF THE PROPERTY OF DEATH MARRIED SHEPPING CAUCASIAN DECRET OF THE RESIDENCE OF THE PROPERTY OF BUSINESS OF THE PROPERTY OF THE PROPERTY OF BUSINESS OF THE PROPERTY OF THE P	ge 3			Charles	Maisel, Jr.	06/05/86	/
Male Caucasian  10 30 18  15 BBIHRACE INTELLIGIONE DE DEATH  10 BBIHRACE INTELLIGIONE DE DEATH  11 NAME OF HOSPITAL NURSING-HOME OR OTHER INSTITUTION  12 DE DETOC DE DESTRUTION DE DEATH  13 BBIHRACE INTELLIGIONE DE DEATH  14 BBIHRACE INTELLIGIONE DE DEATH  15 BBIHRACE INTELLIGIONE DE DEATH  16 BBIHRACE INTELLIGIONE DE DEATH  17 BBIHRACE INTELLIGIONE DE DEATH  18 BBIHRACE INTELLIGIONE DE DEATH  18 BBIHRACE INTELLIGIONE DE DEATH  19 BBIHRACE INTELLIGIONE DE DESTRUTOR DE DESTRUTOR DE DESTRUTOR DE DESTRUTOR DE DESTRUTOR DE DESTRUTOR DE DES		3. SE	K .	4. RACE	MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	
MODE OF THE STATE OF TOWN OF DEATH    STATE OF TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   18. USUAL DECEMBENT OF COUNTY   18. USUAL RESIDENCE IN SUBJECT ASSETS   18. USUAL RESI	1 2 2 ch					110	
Randallstown 3708 Cassen Road 21133  Teachery Coach Business Road 21133  Toachery Coachery Coachery Road 21133  Toachery Coachery Road 21133  Toachery Coachery Road 21133  Toachery Road 211	n 72 ho		MD		MARRIED L NEVER MARRIED		
The Sum   Balto   Ba	led with	Ra	ndallstown	3708 Cassen I	Road 21133	LTYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Education
FATHER NAME Frederick C. Maisel, Sr Christine F. Hoerl  Washeld Research Frederick C. Maisel, Sr Christine F. Hoerl  Ide Was Deceased Ever in us. Same A consequence of the Social Security No. 11. Informant ADDRESS  Ide Social Security No. 11. Informant ADDRESS  Elizabeth C. Maisel Same as #1:  Ide CAUSE of Death Enter and you couve foul the for out, the ond tent PART I Death Was Caused By Information Congestive Cardio—Myopathy Year  Ide CAUSE of Death Enter and you couve foul the for out, the ond tent PART I Death Was Caused By Information Congestive Cardio—Myopathy Year  Information Congestive Cardio—Myopathy Year  Due to, or as a consequence of the power rise to immediate couve following the power rise to immediate following the power rise to immediate couver following the power rise to immediate	25	USU 13a.	AL RESIDENCE (15 NURSING HOME OF STATE 136 COU	or other institution, give residence before NTY 136. CITY OR 10' Randal	RE ADMISSION)  NN 13d INSIDE CITY LIMITS?  STOWN YES NO A	3, STREET ADDRESS / ZIP CODE 3708 Cassen Ro	ad 21133
Tes will in the control of the contr	de Company	16	EXPCT		FIRST	MIDDLE	Hoerl
Secure of Death   Enter only one couse per line for 101, (b) and icity   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Congestive Cardio-Myopathy Year   PART 1. DEATH WAS CAUSED BY:   Ischemic Couse Inc., istoing the underlying couse Iost.   Isone Inc.   Isone I	Poges medical			RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES! 218-03-			ne as #13
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse lat, stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING TO 210. TIME OF INJURY  OR CONTRIBUTING CAUSE OF DEATH  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING TO 210. TIME OF INJURY  OR CONTRIBUTING CAUSES OF DEATH  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING TO 210. TIME OF INJURY  OR CONTRIBUTING CAUSES OF DEATH  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING TO 210. TIME OF INJURY  OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITION SCIENCE, FARM ELC.)  210. ACCIDENT WAS UNDERLYING TO PART 2. THE PART 1 OR PART 2. THE PART 2			IA CAUSE OF DEATH (Enter of	inly one couse per line for (a) (b) o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH POUR A.M. MONTH DAY YEAR PLOY OF THE PROPERTY OF COUNTY  OR CONTRIBUTING CAUSE OF DEATH POUR A.M. MONTH DAY YEAR PLOY OF THE PROPERTY OF COUNTY  OR CONTRIBUTING CAUSE OF DEATH POUR A.M. MONTH DAY YEAR P.M. 19  216 PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM ETC.)  276. I certify thot (I) (this hospitol) ottended the deceased from	Then p ta bur injury.	NO	underlying couse lost.	(c)		AINAL DISEASE OR CONDITION GIVEN	NIN PART TIO
OR CONTRIBUTING CAUSE OF PEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM ETC.)  22e. I certify that (I) (this haspital) ottended the deceased from	ows on	TIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIFYII	
while at work with deceased olive an obove, (I) (we) (did not) view the body ofter deoth.    2726.	intol Hyg		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T ( OR PART ?)
sow the deceased olive an above. (If we think the body ofter death.    19		MEDI	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR MI  276. PHYSICIAN'S NAME (IVPE OR PRINT)  Dr. George M. Ramapuram  276. ADDRESS  Baltimore, MI  276. BURIAL, CREMATION, REMOVAL DIRECTOR OF CHARACTORY CHARACTORY  276. BURIAL, CREMATION, REMOVAL DIRECTOR OF CHARACTORY CHARACTORY CHARACTORY DIRECTOR OF CHARACTORY	7 7		saw the deceased olive a	n 19			
Burial 06-09-86 Lorraine Park Woodlawn Balton M	detoched ote Dept. T. If Item			Donne	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
Burial 06-09-86 Lorraine Park Woodlawn Balton M	the Ste		Control of the Contro				more, MD
Burial 06-09-86 Lorraine Park Woodlawn Balton M	AP C That						7
			SPECIFY)			CITY OR TOWN	
15,4) MacNabb Funeral Home Catonsville. MD JUN 10 986	6 60M 7/84		JNERAL DIRECTOR	ADDRESS	25a DA	TE REC'D. BY REGISTRAR TO REGISTRA	Charles Company



	)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0.
	- 0
IO MOSPITAL OK ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	9
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3	5
should be detached far use as the burial-transit permit. Then please remove carbon paper and a should be filed within 72 hours after death with the State Deat, of Health and Mental Hyaiene prior to burial, cremation, or remove	6
IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other troumatic event	9

	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 6	0.	6	3 2
	1 DECEASED NAME FIRST ROBERT	LEE I		R, SR.	JUNE 15,	MONTH DAY	YEAR	25 HOUR 11:25AN
	3. SEX MALE	RACE WHITE	S. DATE C	13°, 19°2°0	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
100	VIRGINIA	U.S.A.	WIDOWE		BALTIMORE CITY C		NTY,	MD.
	TOWSON	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET ST. JSOEP)	APPRESSIOS		STEAMFIT		126 KIND O INDUSTRY SHIPI	F BUSINESS OR
)	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 13b. COUNT MARYLAND BALTI	Y 13c, CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		APT,	02.0
3	CHARLES	MAJOR		IDA	LILLI		TREV	LLIAN
	(16 WAS DECEASED EVER IN U.S. ARM	ED FORCES? WAR OR DATES) 231-03-		BERNICE MA				21234
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	le	Myocaro	liel		BETWEEN	mate interval onset and peath Jeeks
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	Infares	ian.			
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES		
1	OR CONTRIBUTING TO CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2}	
	OR CONTRIBUTING CAUSED F DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR TO	.wn	COUNTY	STATE
	270 1 cartify that (1) (this baseuta	I) attended the decensed from	5-	31 10 66	10 6-1	10	0/	these (1) (sup) less

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 220. DATE SIGNED 6-16-86 DEGREE 22b. SIGNATURE

ATTENDING PHYSICIAN MEDICAL STAFF 22e ADDRESS

7400 OSLER DRIVE 21204

22d. PHYSICIAN'S NAME (TYPE OR PRINT)
A-R- GHIL ADI, AD. 23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL
BURIAL JUNE 19, '86MEADOWRIDGE MEM. PARK 24 FUNERAL DIRECTOR

23d LOCATION
CITY OF TOWN

K HOWARD HOWARD COUNTY, M.

BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

O 336

June 144

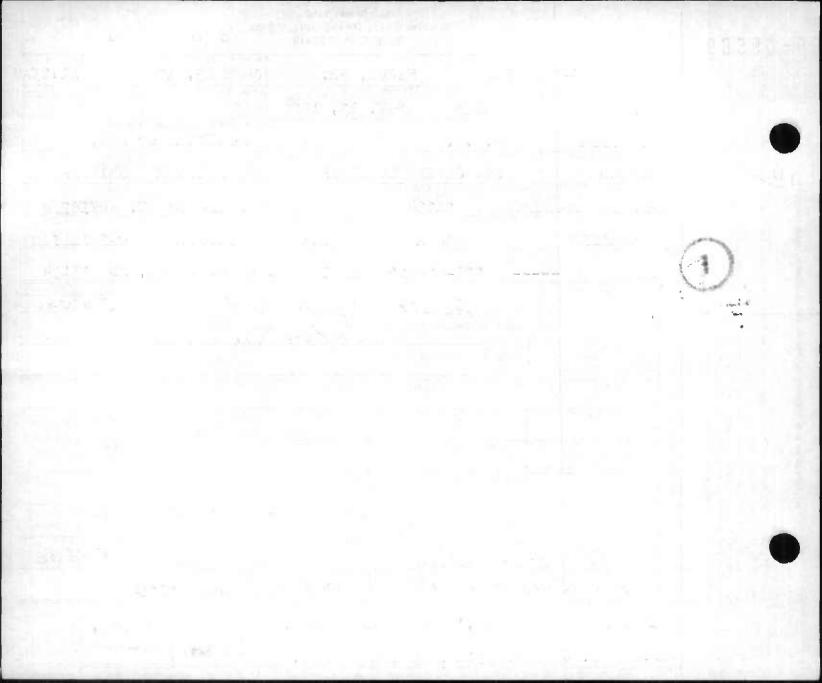
June 144 STATE

WILLTAM E. JOHNSON 8521 LOCH RAVEN BLVD

DHMH - 16 60M 7/84 (VRA 15, 4)

marked or Item 18 shaws any injury, or other trou

MPORTANT: If them



00-10507

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	6	1	5
	REG. N	10.			
TE O	EDEATH	MONTH	DAY	VEAD	21. 14

FOR STATE REGISTRAR			EALTH AND MENTAL	0 0	1	6 1	3 3
I. DECEASED NAME FIRST	MIDDLE	L	ASI	2a DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR_
[TYPE OR PRINT)				Za DAIL OF BLAT			1130
HENE			ALONE	1.05	6	23 86	AM
3. SEX	4 RACE	5. DATE O		6. AGE IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
Male	White	Apr.	10 15	71	YRS	S.	
70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CI	Y OR COUN	NTY OF DEATH	
Maryland	USA	WIDOWE		D 31 /	ore Co	unty	MD.
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME O	W.F.	120. USUAL OCCU	PATION	126. KIND OF	BUSINESS OR
Halethorpe		elma Avenue	9	Salesma			ley Co.
USUAL RESIDENCE (IF NURSING HOM 130. STATE			1 13d. INSIDE CITY LIMIT	S? 13e STREET ADDR	SS / ZIP CC	ODF	
Maryland Ba		ethorpe	YES NO X			enue, 212	27
14. FATHER'S NAME		IAST	15. MOTHER'S MAIDE	NNAME			
Thomas	MIDDLE	alone	Edith	MIDD	18	Moore	
160 WAS DECEASED EVER IN U.S.		TIAL SECURITY NO.	17 INFORMANT	Al	DRESS	HOOLE	
(yes no or unknown)   IF yes	S. GIVE WAR OR DATES)	07-0401	Carol Mal	one, 1711A S	Selma 1	Ave., 212	27
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DIATE CAUSE 10).  DUE TO, OR AS A COMMITTEE CONTRIBU	ONSEQUENCE OF		TERMINAL DISEASE OR C	[20b. IF		GS USED
				YES NO		YES	NO 🗆
OR COLUMNIA IN IC CAUSE OF	F DEATH HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY O	CCURRED (ENTER NATURE OF	INJURY IN ITEM	TB PART I OR PART 2)	
[IF EITHER NOTIFY MEDICAL EXAM	AINER) P.M.  21e. PLACE OF INJUI	19	21f LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY	ORTOWN	COUNTY	STATE
The I certify that (I) (three by the december private of the color of the certific of the cert		19 <b>5</b> , on	ATTENDI PHYSICIA 220 ADDRESS		STAFF	hour and from the c	
23a BURIAL, CREMATION, REMOV	VAL 236 DATE	23¢ NAME OF C	EMETERY OR CREMATO				
(SPECIFY) Burial	6/26/86		dge Mem. P	CITY OR TOV	/N	Howard	Maryland
24 FUNERAL DIRECTOR				DATE REC'D. BY REGIST			
Hubbard Funera	Home. Inc	4107 Wilke		HINDE 40	00	سمسمال بندارين	Marydallle

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

	AL RESIDENCE (IF NURSING NOME OF OT TATE Pa. 136 COUNTY	135 6117 0		INSIDE CITY LIMITS?	1º 578FE APPRESS (	ZIP CODE Passyunk	Ave.			
7	Serafino	201.	ei19	Rosers Maiden Nai	MIDDLE	UNK	AST			
	MAS DECEASED EVER IN U.S. ARMI YES, NO OR MIKNOWN! (IF YES, GIVE V			Philip Mar	ncuso Ph:	iladelphia				
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	av dece	arrest		APPR BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH			
MEDICAL CERTIFICATION	Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	ETSis						
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CON		Pneumor						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
	190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  5/15/80  Mesenkvie arky occusives No									
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2				
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY,		STREET	CITY OR TO	WN COUNTY	STATE			
	220.1 certify that (1) (this hospital) attended the deceased from									
	12%. SIGNATURE  HALLEL LLELEN DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN []  12%. DATE SIGNED  12%. DATE SIGNED									
	MAKH ZOO		22e	120 Sis	di Pier	re drive				
	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 6-6-86		ery or crematory 2 & Paul	Broomal		Pa. STATE			
24 F	UNERAL DIRECTOR Hardesty Fune	ral Home AD	PRESSAnnapol:		REC'D. BY REGISTRAR 1986	25b. REGISTRAR'S SIGN. Julia Davidon	ATURE Dandales			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

Grocery

0207	1	STATE REGISTRAR		CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  REG. NO.								
took y te	1 DE	DECEASED NAME FIRST MIDDLE MIDDLE LAST LAST LIVE OR PRINT CHARLOTTE MIDDLE MARKERT						20. DATE OF DEATH MONTH DAY YEAR 26. HOUR & 81 81 940 p				
ge 4 mg ector, ps is other	1. SE	Female		4 RACE White			27-1898	(E A D	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HI
133		IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	A.	MARRIE	D NEVER MARR	IED L	Baltimore City of Baltim	_		14
1X	-	OWSUN	ATH		HOSPITAL, NI DCH FACILITY, GIVE		Nospic	ION 12	No USUAL OCCUPAT TYPE OF WORK FOR MOST OF Housewif	ON OF WORKING	12b. KIND C	OF BUSINESS
(A35	13a. S	AL RESIDENCE (IF NUR STATE Md.	136 COUN		130 CITY OR Balt		13d INSIDE CITY LI		STREET ADDRESS 3227 Texa			
ZBC	1	George		MIDDLE 01	ert	Ŧ	15 MOTHER'S MAI	IDEN NAME	MIDDLE	Str	eb	51
Pages 1		VAS DECEASED EVER TES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	212-48	SECURITY NO 3-2129	Francis (	G. Mar	kert, Sr.		as 13e	
n ugned by the Then please or in the bundi, creating, or other	NON	PART 2 OTHER SIG	last	(c)_	OR AS A CONS		NOT RELATED TO T	HE TERMINA	AL DISEASE OR CON	DITION G	IVEN IN PART I	a
be law of	3 190 DATE OF OPE		TION	19b CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
certificon certificon conference	ICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR		OCCURRED	(ENTER NATURE OF INJU		- Inner	
the this on the bo th and M	MEDIC	AMILE NOT W	RED HILE D		OF INJURY TREET, FACTORY, OI	FFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
pritol or CTOR: A for one of Health		22a I certify that (I) saw the decessions, (I) (was		6/1	he deceased for	101		85 apınıan dea	taath accurred an the d	ate and ho	our and from the	that (h (we) la causes stated
RAL DIRE detoched toth Dept		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6							- 6/2	SIGNED 1/86		
CO FUNE hould be with the S	1	Ebha	-him	Ipa	r Keh.	<i>'</i>	27. ADDRESS 2360 D		ey Valle	Rd.	Tows	. 2120
вр		Burial	REMOVAL	236. BATE 6-25-	86		National		23d LOCATION CITY OR TOWN Balto.,		COUNTY	STATE
MH - 16 60M 7/84 (VRA 15, 4)		eonard J.	Ruck,	Inc.,5	305 Hai	rford Rd		250. DATE RI	N23 1986	25b REGIS	STRAR'S SIGNAT	URE

STATE OF MARYLAND

TOUT Texas, ave. 91054 of fall. . Dat Laff .

N

1015-01-01 crancia S. Marcard, Sr. name at 1 in

her hard d. Huck, Inc., Chi Marterd Md.

9/	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	16136
(TYPE	CEASED NAME GETTU		Parquandt	(	56-23-86 26 HOUR
3. SE)	F	4 RACE	15 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
0	RTHPLACE (STATE OR FOREIGN COUNTRY)  ARYLAND	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIM	
10. Ci	ESSEX	(IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION ADDRESS) ARSING HOME	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUSTRY
13a S	AL RESIDENCE (IF NURS 11 HO COL)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR TOW	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / 2 2526 E. F	ZIP CODE 21224
14 FA	WILLIAM ME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	ISER
	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?  E WAR OR DATES)  212-01-1		J. Hannan	2605 Jeffison &
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
NOI	(Hourious Cen	1	CEATH BUT NOT RELATED TO THE TEN		ITION GIVEN IN PART I to
CERTIFICATION	19ª DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	19 211 LOCATION	IRRED (ENTER NATURE OF INJURY)	
	sow the deceased alive an	tol) ottended the deceased from		n death occurred an the date	e and hour and from the causes stated
	1276. SIGNATURE	the view the body offer death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	
	224. PHYSICIAN'S NAME (1)	R PKINT}	22e ADDRESS		

DHMH - 16 60M 7/84

(VRA 15, 4)

33e BURIAL CREMATION, REMOVAL

SURIAL

6-25-86

73h: DATE

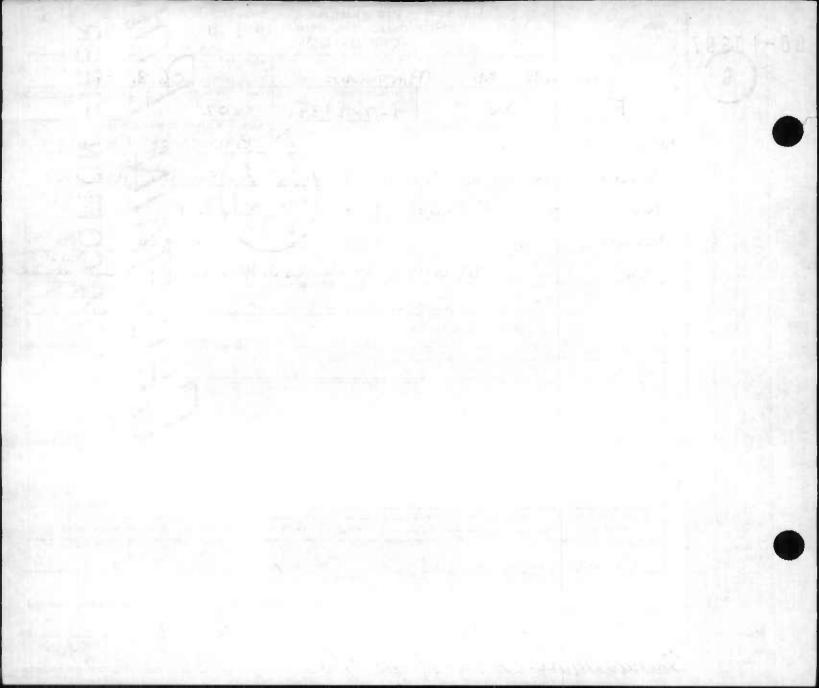
73L NAME OF CEMETERY OR CREMATORY CEM. TRINITY

BUTO.

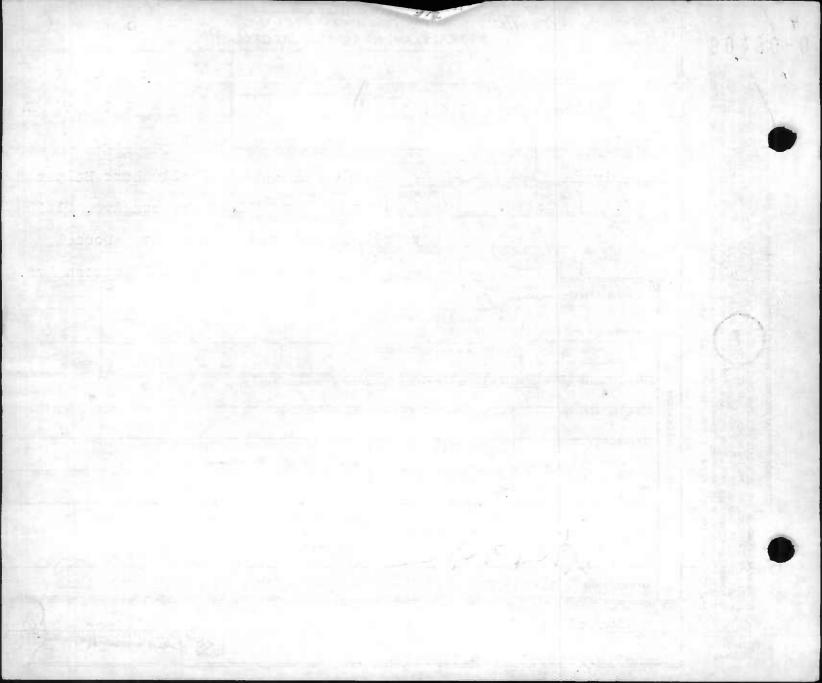
COUNTY

STATE

150 DATE REC'D BY REGISTRANTS REGISTRAN'S SIGNATURE



	1. DE	STATE MS REGISTRAR CEASED NAME E OR PRINT)	EIRST	MEDICALE	XAMINER'S	CERTIFICATE OF D	20. DATE KNOWN OF ESTI-		DAY YEAR 26 HOUR	R
Ε.			ANTHONY			ARSHALL	DEATH MATED		1700	N
PRESTON STREET,	3 SE)	4. RACE	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS IF U		RS. 2c. DATE PRONOUNCED	MÖNTH	DAY YEAR 2d HOU	R
10 1		Male whi		19 61	24 YRS.		DEAD	6 8	1986 8A A	V
1	FO	RTHPLACE (STATE OR REIGN COUNTRY)		OF WHAT COUNT	RY? 8. MAR	RIED NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
/	10. (1	Maryland TY OR TOWN OF DEA	US		SING HOME, OR OT	WED DIVORCED	Baltimore		7415	0
1	Mi	ddleRiver	railro	such excitity, give sti bad track	reet address)		OR MOST OF WORKING LIEE		OR INDUSTRY	
1	USUA 13e S		ISING HOME OR OTHER INSTITUTION IN THE INSTITUTION	13c. CITY	efore admission) OR TOWN  leRiver	13d INSIDE CITY LIMITS? 13e S				
6	14 F/	ATHER'S NAME	WIDDLE		AST	15. MOTHER'S MAIDEN NA		,	LAST	-
1		Herbert	Robert		arshall	Margaret	Lucill	le De	essel	
	16e. V	VAS DECEASED EVER	IN U.S. ARMED FORCES	? 16b. SOC	IAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
		no		unk	nown	HerbertMar	shall 127	734East	tern Ave.	
		DADT I DEATH M	H (Enter only one couse p						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	4
		9580	IMMEDIATE CAUSE (0).			1 Trauma				
	9	Conditions, if o		O, OR AS A CON	SEQUENCE OF			102		
	100	gove rise to couse (o) stoting	immediate (b).	0.00.00.00.00						_
		lying couse lost.	DOE I	O, OR AS A CONS	SEQUENCE OF					
			(c)							=
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	I GEATH BUT NOT BELAT	EO TO THE TERMINAL DISEA	SE OF CONDITION CIVEN IN PART 1 (a)				
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	OEATH RUT NOT RELAT	EO TO THE TERMINAL OISE	SE OR CONDITION GIVEN IN PART 1 (a)				
1	ATION	PART 2 OTHER SIGNIFICANT			THICH OPERATION				20 AUTOPSY?	
1	TIFICATION	-							20 AUTOPSY?  YES X NO	
1	CERTIFICATION	190. DATE OF OPERA	TION 196. C	ONDITION FOR V	VHICH OPERATION			*	YES X NO	
1 20	-	190. DATE OF OPERA 210. EXTERNAL CAUS UNDERLYING CONTRIBUTING	TION 196. C EWAS 216 T DR PrimaryHou Ause of DEATH	ONDITION FOR V  IME OF INJURY  IR A.M. MONTH  P.M.	DAY YEAR SU	WAS PERFORMED?  HOW MUJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	YES X NO	
1 00	-	190. DATE OF OPERA  210. EXTERNAL CAUS  UNDERLYING CONTRIBUTING 210. INJURY OCCURR	EWAS 216 TI DR PrimaryHou AUSE OF DEATH	ONDITION FOR V IME OF INJURY IR A.M. MONTH	DAY YEAR 216. 5 U	WAS PERFORMED?	TER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	YES <b>X</b> NO	
1 000	MEDICAL CERTIFICATION	190. DATE OF OPERA 210. EXTERNAL CAUS UNDERLYING CONTRIBUTING	EWAS 216 TI DR PrimaryHou AUSE OF DEATH	ONDITION FOR V	DAY YEAR 216. 5 U	WAS PERFORMED?  HOW INJURY OCCURRED (EN bject run occurrent)  CATION  STREET	ter nature of injury in item  ver by tr	ain. Bactur	YES X NO	
1 3	-	210 EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE CONTRIBUTION CONTRIBUT	EWAS 216 TI DR PrimaryHou AUSE OF DEATH	ONDITION FOR V	DAY YEAR 8 19 8 0 SU (ATHOME. 211. EC.) Tracks,	WAS PERFORMED?  HOW INJURY OCCURRED (EN bject run o cation street)  Orems Rd. N	TER NATURE OF INJURY IN ITEM  Ver by tr  CITY OR TOWN	ain. Bactur	YES X NO	
1	-	210 EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE CONTRIBUTION CONTRIBUT	TION 196. CO.  EWAS 216. TI  OR Primary House of DEATH  ED 21e P  STRE  ORK 22k Ra  took chorge of the remo	ONDITION FOR V	DAY YEAR 216. F 19 86 SU (ATHOME. 211. LC.) Tracks,	WAS PERFORMED?  HOW INJURY OCCURRED (EN bject run o cation street or ems Rd. N psy X), Inspection	ter NATURE OF INJURY IN ITEM  Ver by tr  CITY OR TOWN  ear Entra	ain. Bacount	YES X NO	
1	-	190. DATE OF OPERA  210. EXTERNAL CAUS UNDERLYING CONTRIBUTING 21d INJURY OCCURR WHILE AT WORK  220. I certify that I death resulted from	TION 196. CO.  EWAS 216. TI  OR Primary House of DEATH  ED 21e P  STRE  ORK 22k Ra  took chorge of the remo	ONDITION FOR V	DAY YEAR 21c. F 19 8 SU (ATHOME. 211. LC.) Tracks, e, held on Auto  J. Suicide	WAS PERFORMED?  HOW INJURY OCCURRED (EN D) ect run o DCATION STREET  Orems Rd. N  psy X, Inspection I  Homicide I. Un  TITLE (SPECIFY)	TER NATURE OF INJURY IN ITEM  VER by tr  CITY OR TOWN  EAR Entra  Inquiry [],  determined monner [	Bath Bacount Bacount Ce Roa ond in my opining	YES X NO	
1 2	-	190. DATE OF OPERA  210. EXTERNAL CAUS UNDERLYING CONTRIBUTING 21d INJURY OCCURR WHILE AT WORK  220. 1 certify that 1	TION 196. CO.  EWAS 216. TI  OR Primary House of DEATH  ED 21e P  STRE  ORK 22k Ra  took chorge of the remo	ONDITION FOR V	DAY YEAR 21c. F 19 8 SU (ATHOME. 211. LC.) Tracks, e, held on Auto  J. Suicide	WAS PERFORMED?  HOW INJURY OCCURRED (EN bject run o cation street)  Orems Rd. N  psy X, Inspection  Homicide  Un	TER NATURE OF INJURY IN ITEM  VER by tr  CITY OR TOWN  EAR Entra  Inquiry [],  determined monner [	ain. Bacount	YES X NO	
13	-	210 EXTERNAL CAUS 210 EXTERNAL CAUS 210 CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING THE NOT VALUE AT WORK  220. I certify that I death resulted from	TION 196. CO.  EWAS 216. TI  OR Primary House of DEATH  ED 21e P  STRE  ORK 22k Ra  took chorge of the remo	ONDITION FOR V	DAY YEAR 8 19 8 6 SU (ATHOME. 211. LE.) Tracks, re, held on Auto	WAS PERFORMED?  HOW INJURY OCCURRED (EN bject run o cation street or ems Rd. N psy X, Inspection of the cation of	TER NATURE OF INJURY IN ITEM  VER by tr  CITY OR TOWN  EAR Entra  Inquiry [],  determined monner [	Bacount  Bacount  CO ROB  ond in my opinin	YES X NO	
1 2	MEDICAL	190. DATE OF OPERA  210. EXTERNAL CAUS 210. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING 210. I Certify that I death resulted from SIGNATURE EXAMINER'S NAME	EWAS 216 TI NO PRINTED 216 PRI	ONDITION FOR V	DAY YEAR 8 19 8 6 SU (ATHOME. 211. LE.) Tracks, re, held on Auto	WAS PERFORMED?  HOW INJURY OCCURRED (EN bject run o cation street or ems Rd. N psy X, Inspection of the cation of	TER NATURE OF INJURY IN ITEM  VET by tr  CITY OR TOWN  BAY Entra  Inquiry  determined monner  MEDICAL EXAMINER	Bacount  Bacount  CO ROB  ond in my opinin	YES X NO	



CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME FIRST Anthony MIDDLE MONTH (TYPE OR PRINT) deoth THONY 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 29 98 Male Caucasian 88 THE BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy Baltimore County USA WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Type of work for mast of working Life)
Barber Randallstown Baltimore County General USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3318 Kerry R Baltimore 13d INSIDE CITY LIMITS? MD NO X IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Angelina Unknown Marsiglia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS TYES NO OR UNKNOWN HE YES GIVE WAR OR DATES! 216-01-2494 Joseph G. Girlando Same No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) phys PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUF TO OR AS A CONSEQUENCE OF underlying couse lost. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d NO fronsit 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL à P.M (IF EITHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ŏ orked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram DIRECTOR saw the deceased alive on\_ abave, M (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL be deta e Stote I PHYSICIAN the S COUNTY OU THU A 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Holy Redeemer 07-02-86

MacNabb Furgal Home, Catonsville. MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF STATE CITY OR TOWN COUNTY and that in (my) (aur) apinion death accurred an the date and have and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN IL AGSDITACE  $MD^{\text{State}}$ Baltimore Ciey 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Time varidoon pondane

2h HOUR

12h KIND OF BUSINESS OR Barber Shop

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21207

88

IF UNDER I YEAR

Road

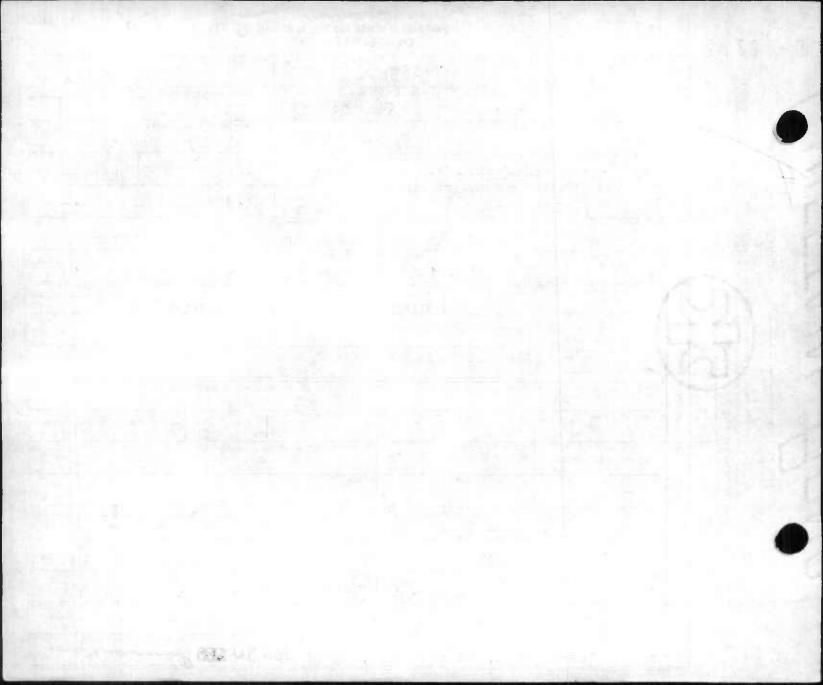
Unknown

as #

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

REGISTRAR				CEKITI	ICATE OF DEATH	REG. N	0.		
I. DECEASED NAME	FIRST		MIDDLE	L	AST 4.4.7.7.4	20 DATE OF DEATH	MONTH DA		2b HOUR
	RICHAR	LV	DOMINIC		MAZZA		9, 1986		111.
3. SEX	4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BI		ONTHS DAYS	HOURS MIN
Male		Whi			ruary 2, 1922	64	YRS.		
OUNTRY	OR FOREIGN 7b.		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY			
Maryland		u.s.A	-	WIDOWE	D DIVORCED	Baltimo	re Cour	rty	M
O. CITY OR TOWN OF	EATH 11				R OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS O
Baltimore			Johnnycake		1	Grocer		Food	
BOUAL RESIDENCE (#N 130. STATE Maryland	136 COUNTY Baltin	1	130. CITY OR TOWN Baltimor	V	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 6005 John	nycake	Road	21207
1. FATHER'S NAME FIRST Josep		DDLE	Nazza		15. MOTHER'S MAIDEN NA Anna	WE		Canag	gio
(YES, NO OR UNKNOWN)		AR OR DATES)	166 SOCIAL SECUI		Mary R. Maz	za Same	as # 1.	3	No
			line far (a), (b), and	l (c)				BETWEEN	MATE INTERVAL
PART I. DEATH	I WAS CAUSED E		carcu	Lamoi	was			3 m	ontes
		DUE TO O	R AS A CONSEQUE	NCE OF					
Canditians, if a	ny, which	( (b)_		who	an unamor	na			
gave rise to cause (a), sto underlying ca	ating the	DUE TO, O	r as a conseque	NCE OF	-				
	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I	0
190. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			NGS USED S OF DEATH?
an and designation of	CAUSE OF DEATH			Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJE	IRY IN ITEM 18 PAI	RT I OR PART 2)	
21d INJURY OCC		21e PLACE		ARM ETC )	ZII. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
saw the dece	(I) (XXXXXXX) cased alive an	6/2/	e deceased from		nd that in (my) (aur) apinian	, to <u>death</u> death accurred on the d		and from the	
22% SIGNATURE	11 12		SAR		DEGREE	MEDICAL STA	cc	ZZC. DATE	SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL SPECED BURIAL 23b. DATE 6/21/86

228. PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery

22e. ADDRESS

PHYSICIAN

23d LOCATION
CITY OR TOWN
DORSEY

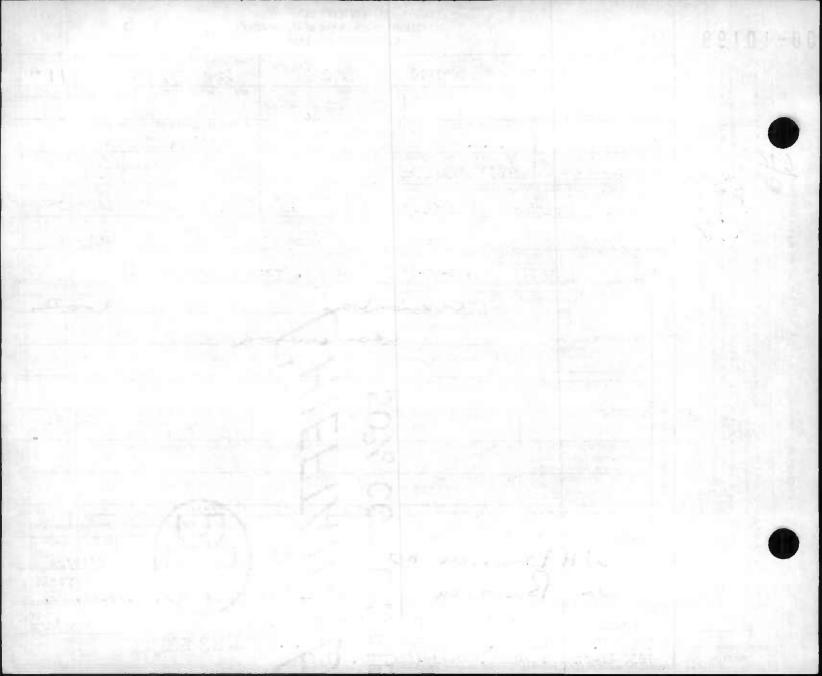
DIRECTOR PHYSICIAN

1900 E. Northern Parkway, Baltimore Maryland COUNTY

6/19/86

21239

<sup>24</sup> FUEBADYREMOR & Russell C. Witzke Funeral Homes P. A. DATE JUNE 25 1980 REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228



41	-	REGISTRAR				CERTIFICAT	TE OF DEATH		REG. NO.		
		CEASED NAME OR PRINT!	MES	MIDD E	DLE	MCCA	Rty	20. DATE	19/86	DAY YEAR	26 HOU
	3. SEX		4.1	RACE Whit		5 DATE OF BIR	4 1895	- 91	ORE CITY OR COL	MONTHS DAY	AR OF UNDER
88		NASSACH TY OR TOWN OF DE	useHs	. NAME OF HOS	S.A.	WIDOWED []	DIVORCED [	Bal 120 USUA	LOCCUPATION DRK FOR MOST OF WORK	ty 12h KIND	OF BUSIN
000		AT MEDIDELACE IN THE	RSING HOME OR OTH	SF, J	O SEP A	MOSPIT	HAL INC.	En	gineer	Go	verme
30	1	Maryland THER'S NAME	Balto.		Towsom	YES	INSIDE CITY LIMITS?  NO  NOTHER'S MAIDEN I	3 A1	ADDRESS / ZIP C		04
230	IN FA	John	F.		lcCarty		Mary	AME	MIDDLE J.	Cod	Y.
medical		VAS DECEASED EVER	R IN U.S. ARME	(AR OR DATES)	12-07-2		rs. Rita N	(cCarty	ADDRESS	as 13e	
1.00 mg		18 CAUSE OF DEA	TH (Enter only o	ane cause per lipe		101	X Facture	ICCALLY	same	AS DE APPRO BETWEE	OXIMATE INT
or of traug		Conditions, if any gave rise to im couse to , state underlying cause	nmediate ring the se last.	DUE TO, 08 A	SACONSEOUER	NEE OF Y	C. V. So	les			
prior to burian prematan any injury, or over traus	ICATION	gave rise to in couse (a), state underlying caus	nmediate ing the se last.	DUE TO, OR A	SACONSEOUER	DEATH BUT NOT	C. V. Se	RMINAL DISEA	ASE OR CONDITION	N GIVEN IN PART IF YES, WERE FING CERTIFY ING CAUS	DINGS US
tol Hygene prior to burion cremonant.  It is been any muny, or o trough	AL CERTIFICATION	gove rise to im couse 101, stot underlying couse 101, stot underlying couse PART 2 OTHER SIGNATURE OF CONTRIBUTING 101, and contributing 101, and contributing 101, and could be stored to the countributing 101, and could be stored to the countributing 101, and countributing 1	mediate ing the ing the se last.  GNIFICANT COL  ATION  DERLYING  CAUSE OF DEATH	DUE TO, OP A.    C1     NDITIONS CONTINUE   196 CONDITION   216 TIME OF INHOUR A.M.	TRIBUTING TO D	DEATH BUT NOT  OPERATION WA	C. V. Se	RMINAL DISEA	TOPSY? 206.	IF YES, WERE FING CERTIFYING CAUS YES []	DINGS US ES OF DEA NO
h and Mental Hygiene prior to thurliatheremation rihed or tem 18 vices ony mury, as one traus	MEDICAL CERTIFICATION	gove rise to im couse 101, stot underlying couse 101, stot underlying couse 19a DATE OF OPER/	ATION  ADERLYING CALL EXAMINER)  RRED  Mediate the control of the	DUE TO OR ANDITIONS CONTINUE OF INHOUR A.M. P.M. 21b. PLACE OF	TRIBUTING TO DI	DEATH BUT NOT  OPERATION WA  19  216	C. V. A	RMINAL DISEA	TOPSY? 206.	IF YES, WERE FING CERTIFYING CAUS YES []	DINGS US ES OF DEA NO
at, of Nealth and Mental Hygiene prior to thuring cremation.  Em 21 is marked or term 18 vices any injury, or one traus		gove rise to in couse 10), stot underlying couse 10), stot underlying couse 19a DATE OF OPER/	ATION  NDERLYING CAUSE OF DEATH DICAL EXAMINER)  RRED  WHITE COR.  1) (this haspital' used glive on caused of the	DUE TO OR ALL TIME OF IN HOUR A.M.  21b. TIME OF IN HOUR A.M.  21c. PLACE OF (AT HOME STREET	TRIBUTING TO DI  ON FOR WHICH O  NJURY MONTH DA'  INJURY FACTORY OFFICE, FA	DEATH BUT NOT  OPERATION WA  Y YEAR  19  216  ARM. ETC.)  and the	RELATED TO THE TE	200 AU YES  URRED (ENTER	ASE OR CONDITION TOPSY? NO TOP NATURE OF INJURY IN ITE	IF YES, WERE FINI CERTIFYING CAUS YES  EM 18 PART I OR PART 7  COUNTY  19 6  d hour and from the	DINGS USES OF DEA
State Dept. of Health and Mentol Hygene prior to Europ Cermolian.  ANT, If Hem 21 is marked or Hem 18 block, only injury, or over traver		gove rise to im couse 101, stot underlying couse 101, stot underlying couse 190. DATE OF OPER/	ATION  NDERLYING CAUSE OF DEATH DICAL EXAMINER) WHILE COR  1) (this hospital' used alive on (did) (did not) when the control of the control o	DUE TO, OBALICO ICO ICO ICO ICO ICO ICO ICO ICO ICO	TRIBUTING TO DI  ON FOR WHICH O  NJURY MONTH DA'  INJURY FACTORY OFFICE, FA	OPERATION WA  AY YEAR  19  ARM. ETC 1  DEGR	RELATED TO THE TE	200 AU YES   JURRED (ENTER  MEDICA  MEDICA	TOPSY? 20b. NOTE IN C NATURE OF INJURY IN ITE	IF YES, WERE FINI CERTIFYING CAUS YES  EM 18 PART I OR PART 7  COUNTY  19 6  d hour and from the	DINGS US ES OF DEA NO
with the State Dept. of Health and Mentol Hygiene prior to buring cremation. IAVPORTANT, if them 21 is morked or them 18 More only injury, or one traus	MEDICAL	gove rise to im couse 10), stot underlying couse 10), stot underlying couse 19a. DATE OF OPER, 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTHY MEE AT WORK NOTHY MEE AT WORK NOTHY OCCUPAT WORK NOTHY OCCUPAT WORK NOTHY OCCUPAT WORK NOTHY OCCUPATION OF THE NOTHY OF THE NOTHY OF THE NOTHY OCCUPATION OC	ATION  ATION  ATION  ATION  DERLYING	DUE TO, OR A  ICI  NDITIONS CONT  196 CONDITIO  216. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET) of tended the A  view the body atti	TRIBUTING TO DI  ON FOR WHICH O  NJURY MONTH DA'  INJURY FACTORY OFFICE, FA	OPERATION WAR	RELATED TO THE TE  AS PERFORMED  HOW INJURY OCCI  LOCATION STREET  ATTENDING PHYSICIAN  ADDRESS  G. J. GOV.	200 AU YES  URRED (ENIER  MEDICA DIRECTO	NSE OR CONDITION TOPSY? NOTE NATURE OF INJURY IN ITE CITY OR TOWN red an the date and	IF YES, WERE FINI CERTIFYING CAUS YES  EM 18 PART I OR PART 7  COUNTY  19 6  d hour and from the	DINGS USI ES OF DEA NO
with the State Dept. of Health and Mentol Hygene prior to truingforemation.  IMPORTANT: If them 21 is marked or them 18 shows only injury, or over training.	WEDICAL MEDICAL	gove rise to im couse 101, stot underlying cous  PART 2 OTHER SIG  190 DATE OF OPER/ 210. ACCIDENT WAS UP OR CONTRIBUTING [ (IF EITHER NOTIFY MED AT WORK AT W	ATION  ATION  ATION  ATION  ATION  ATION  CAUSE OF DEATH  DICAL EXAMINER)  RRED  WHILE ORR  ATION  A	DUE TO, OBALICO ICO ICO ICO ICO ICO ICO ICO ICO ICO	TRIBUTING TO DI  ON FOR WHICH O  NJURY MONTH DA'  INJURY FACTORY OFFICE, FA	OPERATION WAR	RELATED TO THE TE  AS PERFORMED  HOW INJURY OCCI  LOCATION STREET  19  at in (May) (our) opinion REE  ATTENDING PHYSICIAN  ADDRESS	200 AU YES   JURRED (ENTER  MEDICA  DIRECTO  Y 23d LO	TOPSY? 200. NOTE OF INJUST IN THE CITY OF TOWN red on the date and	IF YES, WERE FINI CERTIFYING CAUS YES  EM 18 PART I OR PART 7  COUNTY  19 6  d hour and from the	DINGS US ES OF DEA NO

STATE OF MARYLAND

M. C. sac. f.

1 Tylens 12 to 12

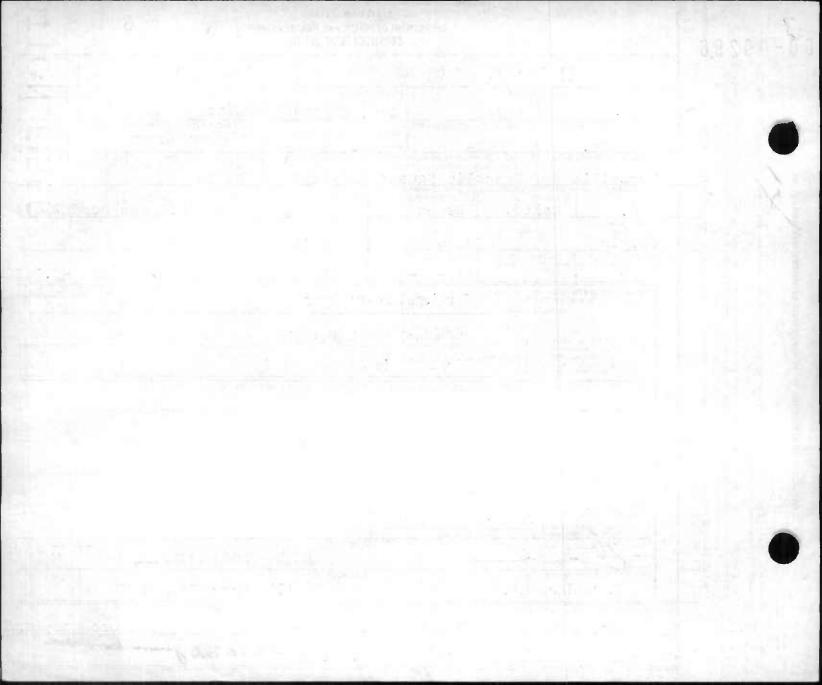
i

nc Tousen tuettl o.c, Ic. 1)30 or .c.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARKLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours after death. Fingle 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shews any injury, or other troumotic event the medical examine; most be harfred around.
•	TO HOSPITAL OR ATT	TO FUNERAL DIRECTI should be detached fo with the State Dept. of	IMPORTANT: If Item 2

1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	161	41
	CEASED NAME FIRST		MC COLLI		AST	20. DATE OF DEATH	MONTH DAY YEA	
	CITT	ford C.	MC COLLI	JIYI		June 11,		10:43p <sub>M</sub>
3 SEX	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
	Male	White		Jan		72	YRS	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore Baltimore	County OF DEATH	MD.
	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	OR OTHER INSTITUTION	17a USUAL OCCUPATI		D OF BUSINESS OR
	Rossville	Frank	GIVE RESIDENCE BEFORE	ADMISSION	Hospital	Retired	. 1	
13a. S	Md. Ba		13c. CITY OR TOW ESSEX		YES NO		ZIP CODE dlesex Ro	oad 2122
	THER'S NAME FIRST  Calvin	MCC MCC	Collum		15. MOTHER'S MAIDEN NAM	WE		LAST
16a W	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS	
{Y	YES, NO OR UNKNOWN) (IE YES, G	GIVE WAR OR DATES)	187-07-	-6399	A Ella Coll	ins 3928	NewSectio	on Rd.21
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	107			Lobe Pneumoni		DATION CINES IN SAR	
IFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED ISES OF DEATH?
CERTIFICATION	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 COND	PF INJURY		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED SES OF DEATH?
AL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	196 CONDI	OF INJURY M. MONTH DA			20a AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED SES OF DEATH?
MEDICAL CERTIFICATION	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (1F EITHER NOTIFY MEDICAL EXAMIN)  21d INJURY OCCURRED	196 CONDI  216. TIME O HOUR A. ER)  216. PLACE	PFINJURY M. MONTH DA	AY YEAR		20a AUTOPSY?	20b. IF YES, WERE FININ CERTIFYING CAU YES THE TEM IS PART LOR PART	NDINGS USED SES OF DEATH? NO []
	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22g. I certify that Xi) (this has sown the deceased always of the state of the	21b. TIME O HOUR A. ER)  21c. PLACE (AI HOME. STE	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC) May 2 6, 0	21f LOCATION SIREE  19 86 and that in (My) (our) opinion of	200 AUTOPSY?  YES NOTER NATURE OF INJUING CITY OF TO	20b. IF YES, WERE FININ CERTIFYING CAU YES THE TIME IS PART LOR PART WWN COUNTY 19.86	NDINGS USED SES OF DEATH? NO []  2)  STATE , thorXII (we) lost the couses stored
	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22g. I certify that X) (this has saw the deceased always and the contribution of the contribution).	21b. TIME O HOUR A. ERN P. 21c. PLACE (Al HOME, STE ) oftended, the The stew the body	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC) May 2 6, 0	216. HOW INJURY OCCURE 211. LOCATION STREET  6	200 AUTOPSY?  YES NOTER NATURE OF INJUING CITY OF TO	20b. IF YES, WERE FININ CERTIFYING CAU YES THE TEM IS PART I OR PART WITH COUNTY TO THE TEM IS TO TH	NDINGS USED SES OF DEATH? NO []  STATE
	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22g. I certify that Xi) (this has sown the deceased always of the state of the	21b. TIME O HOUR A. ERN P. 21b. PLACE (Al HOME, STR 1 VIEW THE BODY) OR PRINT)	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC) May 2 6, 0	216. HOW INJURY OCCURR 216. LOCATION STREET  6. , 19. 86 nd that in (My) (our) opinion of DEGREE  ATTENDING	20g AUTOPSY?  YES NOTE  NED (ENTER NATURE OF INJUITE OF	20b. IF YES, WERE FINING CAU YES THE TIME TO PART WIN COUNTY  1986 The ond hour and from  120b. IF YES, WERE FINING 18 DATE OF PART  20b. IF YES, WERE FINING 18 DATE OF PART  20c. DEFE	NDINGS USED SES OF DEATH? NO []  2)  STATE , thorXII (we) lost the couses stored
WEDICAL WEDICAL	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE AT WORK AT WORK  22g. I certify that X) (this has saw the deceased along a contribution of t	21b. TIME O HOUR A. EATH P. 21b. PLACE (AT HOME, STR TOTAL VIEW THE BODY  OR PRINT)  M. D.  19b. CONDITION  OR PRINT)  M. D.	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F  e deceased from 19 offer death.	AY YEAR 19 FARM, ETC.)  MAY 2  O O O	216 HOW INJURY OCCURE  216 LOCATION SIREET  6 19 86 and that in (My) (our) opinion of PHYSICIAN [ 22e ADDRESS 9000 Franklir EMETERY OR CREMATORY	20g AUTOPSY?  YES NOTE  NED (ENTER NATURE OF INJUITE OF	20b. IF YES, WERE FINING CAUYES THE TIME TO PART TO REPART TO REPA	NDINGS USED SES OF DEATH? NO []  2)  STATE , thotXII (we) lost the couses stoted  ALE SIGNED
WEDICAL	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 1 WORK NOT WHILE SOW THE GLOCAL STANDARD CONTRIBUTION OF THE CONTRI	21b. TIME O HOUR A. EATH P. 21b. PLACE (AT HOME, STR TOTAL VIEW THE BODY  OR PRINT)  M. D.  19b. CONDITION  OR PRINT)  M. D.	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceased from 19 offer death.	AY YEAR 19 FARM, ETC.)  MAY 2  O O O	216. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY  216. LOCATION SIREET  19.86  19.86  19.86  ATTENDING PHYSICIAN  22e. ADDRESS  9000 Franklir  EMETERY OR CREMATORY  TY Process	200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJUINE)  To JUNE 1  deoth occurred on the di  MEDICAL STA  DIRECTOR PHYSIC  1 Square Dr  123d LOCATION	20b. IF YES, WERE FINING CAUYES TO COUNTY  NO COUNTY  19.86  ote and hour and from  FF. LAN 21237  Baltimore	STATE  Thorefore  Marylar  Molings used seed seed of Death? NO []  STATE  At the XII (we) lost the couses stored seed of Death (we) lost the couses stored of TI-86

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND

	I. DE	CEASED NAME	FIRST	- /	MIDDLE		LAST .	7	20 DATE OF DEATH	MONTH E	DAY YEAR	26. HOUR
ny be	(TYPE	OR PRINT)	HARL	ES	E	(MAC	DANY	£()		6 19	7 8%	9.50
may rer d	3. SE	X		4 RACE			OF BIRTH	WF AR	6. AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24 HI
ge 4		Male		B1a	ack	MON	18	18	68	YRS.	DATS	HOURS M
a hod a	7a. BI	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUN	VIRY? 8	IED ANEVERA	AARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
in 72		Maryland		U.S.A	١.	WIDOV		ORCED	BÄLTIMORE	COUNT	TY	
3 20	110. CI	TY OR TOWN OF DEA	TH				OR OTHER INST		12a USUAL OCCUPAT	ION OF WORKING LIFE	12b. KIND C	F BUSINESS
in the second se		ANDALLSTOW						OSPITA	TYPE OF WORK FOR MOST O		Railr	oad
ND 777	13a S	at residence (# nurs state aryland	136 COUN Balt	imore		E BEFORE ADMISSION MILLS,	13d. INSIDE C	ITY LIMITS?	3 E 1 Ph	ZIP CODE	rcle 2	1117
YLA ahin 2 sh		THER'S NAME					15. MOTHER'S	MAIDEN NAM	ME			
maryland		Carrol1			Danie		Este		MIDDLE		hainey^s	ī,
AORE, ond co ages I ledical	16a V	VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17. INFORMA		ADDR		A Cinal	
BALTIMOR ote be exect sicion and spers. Pages val. t, the medic		VU			214-	12-5495	Patric	Ta MCU	aniel 3 E 1	Phiox	Xon The	Fin C.
BAL cote cote oper- oper- nt, th		PART L DEATH W	AS CAUSE	dy one cause per DBY	line for tal, (	b), and ic. A	SC VV	LPCA	A WALLES	200	SELMERA	SECRET AND DEAD
ST.,				TE CAUSE (o)	C/88	ino mi	cha	M.Ca.	CHAR	Wille	NIGT	2
PRESTON he death c he attendin emave cark matian, ar				DUE TO: OF	R AS A CON	# ZHYSE OF	Attil	1, 3	evere puls	a. co	yena	77
RES e de move trau		Conditions, if ony, gove rise to imm		(0)	-	THIN	propos	(D )	were cop	D.CHm	My Com	bliss
V ot to		couse (0), statin underlying couse		DUE TO, O	97190	SEQUENCE OF	1011	man	18411 io	mood	8	
201 ned b pleo urial		PART 2 OTHER SIGN	NIFICANT,	CONDITIONS	ONTRIBUTING	G TO DEATH BU	IT NOT REVATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	ÉN IN PART III	a
RDS of significant to be injur	O N	C.H.	FI	y MESTROPHE	4/1	(2)	Ny	2011	lacom	enl	Old	MT_
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir  offer this certificate has been signs than the burd-transit permit. They to at the burd-transit permit. They have don't lear it is shown ony injury  orked or item 18 shows ony injury	CERTIFICATION	19a DATE OF OPERA	ION	TA COND	TION FOR W	HICH OPERATI	ON WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES	YING CAUSES	OF DEATHS
The The Cion.	I E								YES NO	YES		NO 🗌
AN: theoretican trans 18 s	-	OR CONTRIBUTING	-	1 110110 1		H DAY YEA	21¢ HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 2)	
SICIA ng p pridition of the principle of	CAL	( F EITHER, NOTIFY MEDI	CALEXAMINE	P.,		19						
PHY endi this re bu	MEDICAL	21d. INJURY OCCUR		21e. PLACE ( (AT HOME, STR		OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY OR TO	OWN	COUNTY	STATE
DIVI or oth After e as th		AT WORK AT WOL	K L									
Z - 2 2 9 3		22a.l certify that (I)			e deceosed f	- ^		., 19	, to			that (1) (we) !
ATTE Ospite ECTO d for ft. of m 21		sow the decease above, (I) (we) (c			after death	7		011	death occurred on the d	ote and hour		
Pop Dir		1/16/10	0 7	Thomas	2	200	DEGREE	TIENDING A	MEDICAL STA	FF	22c. DATE	BIGNEY
PITAL by th EERAL State State	-	22d. PHYSICIAN SNA	ME willing	1	11/1	100 Ka 1	ADDRES	PHYSICIAN (	DIRECTOR   PHYSI	CIAN	10/1	4/8
TO HOSPITAL etained by the Flore Flo		MALET	to	ru-we	40	507	11071	Of RI	2150045	lown	Ral	Dwir
101 To 10 Short	23g F	BURIAL, CREMATION,	REMOVAL	123h DATE	VY	23r NAME OF	CEMETERY OR C	PEMATORY	23d LOCATION	70001	700	11/1/3
		SPECTO TAL		6/25/3	26		v Valley		Timon Jum		COUNTYMA	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Underlined Items Added STATE OF MARYLAND FOR by Pathologist DEPARTMENT OF HEALTH AND MENT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

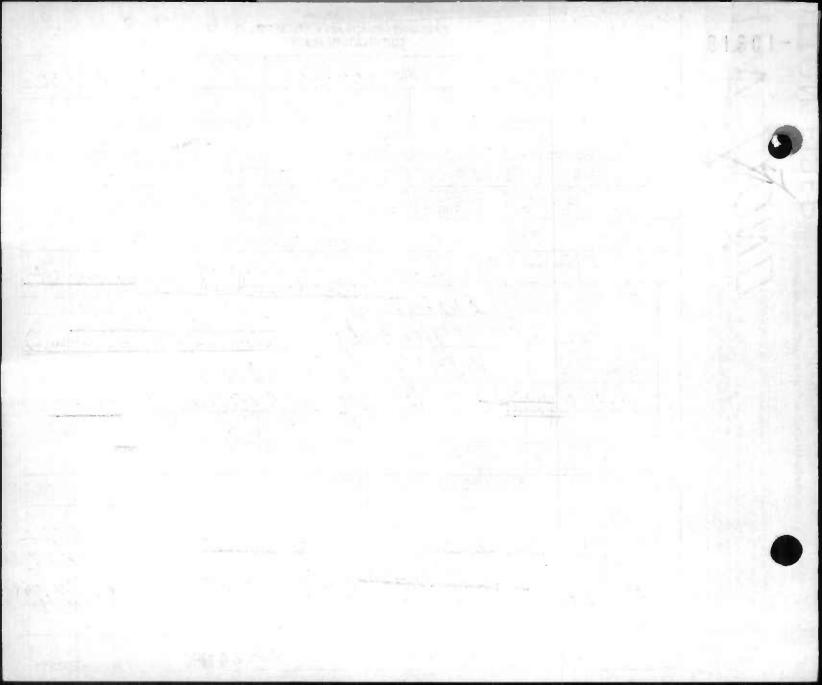
REG. NO.

126. KIND OF BUSINESS OR Railroad

Md.

, 19\_\_\_\_\_, that (1) (we) lost

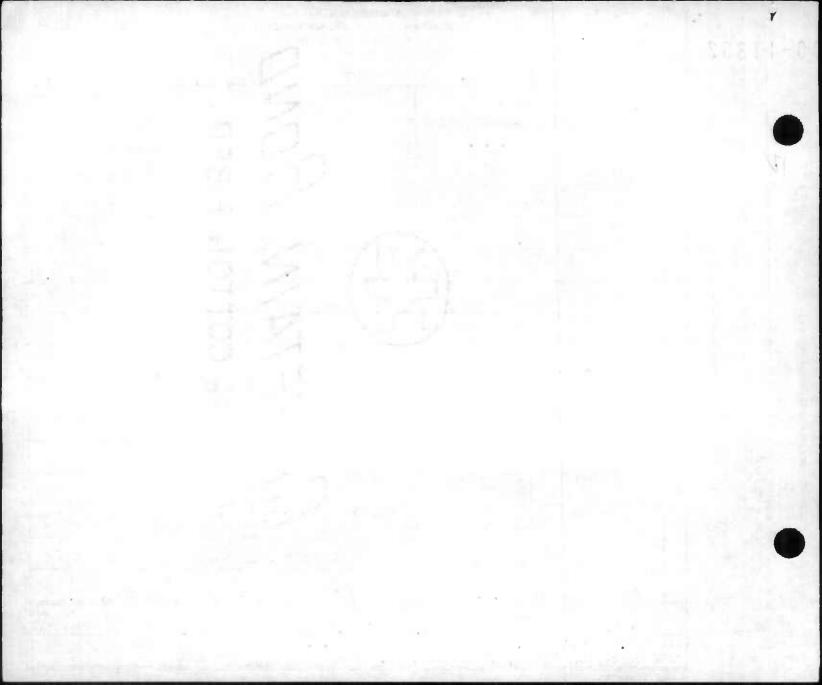
24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE March Funeral Homes 1101 East North Avenue



	9.1
	9/
	1
	15
0	7-2
12	7
2	ž
9	24
×.	c
7	£
AR	3
2	70
wì.	5
8	e
3	60
=	.0
A	0
00	8
1	#
in	à
Z	4
H	ō
E	70
0	9
>	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2
20	99
10	5
0	9
O	0
Ü	3
2	
A	40
=	3.00
>	A A
ō	Ü
Z	S
0	I P
15	4 (1)
5	z °
	0 0
	Z 0
	Ha
	A SO
	0 4
	TO HOSPITAL OR ATTENDING PHYSICIAM; The low requires that the death certificate be executed within 24 hours official retained by the hospital or attending physician.
	Y X
	d o
	0 0
	I.c
	0 %

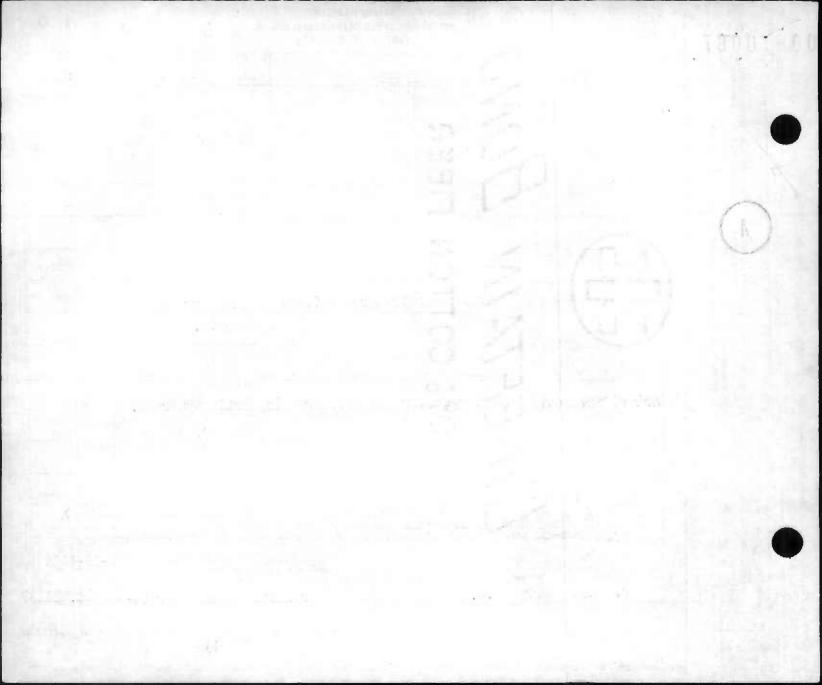
3-10738	1.	FOR STATE REGISTRAR			DEF	PARTMENT	OF HEALT	MARYLAND TH AND MEN TE OF DEA	TAL HYGI	ENE 8	<b>b</b>	1	6	BACIPLIES	4 4
8 6.£		CEASED NAME FOR PRINT)	LEO		MIDDLE P	λ.	C DOUG	ATT		2a DATE OF		MONTH			26 HOUR
ay be oge 3 deoth	3. SE	X	LEO	4. RACE	Г		ATE OF BIR			6. AGE (INY	06		23 IF UNDER	86	10:56PM
		MALE			HITE		MONTH		YEAR		63	YRS	MONTHS	DAYS	HOURS MIN.
A STANK		IRTHPLACE (STATE			F WHAT COU	M		NEVER MARI	RIED 🛄	9. BALTIMO	RE CITY OF	COUNT		ATH	
1 1	10. C	Maryla ITY OR TOWN OF	DEATH	II. NAME OF	F HOSPITAL N	JURSING HO	OME OR OT	HER INSTITUT	TION	12a USUAL C	OCCUPATIO	N	12b K	IND OF	MD. BUSINESS OR
a 1 1 6		TOWSON		GBMC-6	701 N.C	CHARLE	S ST.	,BA 21	204	Ret	ired		FET INDL	JSTRY	
MARYLAND 2120 ed within 24 hour mpletely filled in the	13a	AL RESIDENCE (# STATE Md.	13b COU	other institutio NTY 1to.	13c. CITY OF	E BEFORE ADMI R TOWN enix	13d YE		**	13e.STREET A 4111	ADDRESS /	ZIP COD	E		131
MARYL, ed within ond 2 st	14. F	ATHER'S NAME FIRST		MIDDLE	LAS	51	15. ^	AOTHER'S MA	AIDEN NAM	E	WIDDLE			LAST	
E, M.	160.	Charle		MED FORCES?	McDou		NO 17 I	Ann	ıa		ADDRES		inie	eck:	
BALTIMORE, cote be execut cote be execut appers. Pages 1 vol. vol. t, the medical		YES, NO OR UNKNOWN	(IF YES, GIV	WAR OR DATES)	201		1		n Go	edeke			emso	nDr	.21131
ST., g ph on p		18 CAUSE OF D PART I. DEAT	EATH (Enter or H WAS CAUSE IMMEDIA		or AS A CON	me		rest					.88	APPROXIM TWEEN OF	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the death contending physician. Iffer this certificate has been signed by the attending os the burial-transit permit. Then please remove carbit		Conditions, if gave rise to cause (a), s underlying co	immediate toting the	(b)_		Nuc	lar	anh	yllim	had	h			7 m	an the
requires the signed or to buria	NOIT	PART 2 OTHER							/						
AI RECO	CERTIFICATION	19a DATE OF OP			DITION FOR V	VHICH OPEI				20a AUTO	NOX	IN CERTI	ES 🗌	AUSES C	SS USED OF DEATH?
A OF VITE SICIAN: T up physici certificate rial-transi entol Hypi frem 18 sh	41	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTI P.M.	H DAY	YEAR	HOW INJURY	Y OCCURRE	D (ENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR P	ART 2)	
DIVISION DING PHYS or otherding After this or se as the bur oith and Me	MEDICAL	21d INJURY OCC		21e PLACI	E OF INJURY STREET, FACTORY, O	OFFICE FARM, E	216	LOCATION			CITY OR TOW	IN.	COU	MIA	STATE
TTENDIN putal or TOR: Af far use of of use of		22a I certify that saw the dec	eased alive on		13 //	from	and the	, 1 st in (my) ( <del>***</del>	) opinion di	eath occurre	d on the dot	te and hou	19_drug	e, th	nat (I) (🖚) lost
At OR A the hos defoched of eDept.		22b. SIGNATURE		. )	Sulta	. /	mille	ATTE	NDING SICIAN-	MEDICAL DIRECTOR	STAFF	: AN []	226.	DAJES 27	IGNED !
TO HOSPITAL retoined by the TO FUNERAL should be deter with the State		22d. PHYSICIAN	ELENCK	DR PRI	Sut.	ton M	) 22e.	ADDRESS	201 E Balt	, Md	2121	9			
	23 g.	BURIAL, CREMATH			22/26	23c. NAME	OF CEMET	ERY OR CREA	MATORY	23d LOCA	TION OR JOWN		COUNTY		STATE
BP	74 F	Bu i	rial	6/2	23/86	HOT.	гу Ні	illCem		MIC REC'D. BY R					
DHMH - 16 60M 7/84 (VRA 15, 4)		nnelly		THOME		DRESS	2 2 1	221	JUN		986	JE REOIS	TRMN 3 31	GNATU	N.L.

		FOR		DEPAR		F MARYLAND LTH AND MENTAL HYG	IENE O 6	16	1 4 5
252	1 -	STATE REGISTRAR				ATE OF DEATH	REG. NO		
2 J Z		CEASED NAME OR PRINT)	MINNIE	C.	MEA	DF.		NONTH DAY	76 HOUR
0 T	3. SE>	(	4. RACE		5 DATE OF B		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
as of		Female	W	ite	MONTH O	14 - 9)	94	94 MONTHS	DAYS HOURS MIN
m72 hou	7a. BII	RTHPLACE ISTATE OR FO	DREIGN 7b. CITI.	ZEN OF WHAT COUNTRY U.S.A.	MARRIED WIDOWED	NEVER MARRIED A	9. BALTIMORE CITY OF	more Cou	
notified with		ty or town of DEAT	(IF t	ME OF HOSPITAL, NURS NOT INSUCH FACILITY, GIVE STREE Ridge Road	ING HOME OR C	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWISE	WORKING LIFE) INDL	IND OF BUSINESS OR USTRY  N Home
100		AL RESIDENCE (IF NURSING TATE AT YEARS)	NG HOME OR OTHER IN 136 COUNTY Baltimon	STITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WIN ILLE Y	ES NO	130. STREET ADDRESS /	ZIP CODE Road 2	1228
7	)	THER'S NAME FIRST Henry	MIDOLE C.		tta	MOTHER'S MAIDEN NAM Caroli	ne.		veinzburg
Popes medical	No. V	VAS DECEASED EVER II VES. NO OR UNKNOWN)	N U.S. ARMED FC (IF YES GIVE WAR OR			Mildred L.	Schaeffer	18 Rid Catons	ge Road ville.MD. 212
1. Then please or to or to burial, cremingly, or other than the to burial, and the than the than the transfer of the transfer or the transfer	ATION	gove rise to imm couse (a), stoting underlying couse	the lost. DU	E TO, OR AS A CONSEOL  (c)  IONS CONTRIBUTING TO  CONDITION FOR WHIC	DEATH BUT NO		1 34		
ws an	IFIC	190 DATE OF OPERATI	198			VAS PERFORMED	700 AUTOPSY?	IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
ial-transit permitol Hygiene priter 18 shows an	CAL CERTIFICATION	710, ACCIDENT WAS UNDE	ERLYHNG 716	. TIME OF INJURY OUR A.M. MONTH I	DAY YEAR	c. HOW INJURY OCCURR	YES NO	IN CERTIFYING C.	AUSES OF DEATH?
	MEDICAL CERTIFIC	710, ACCIDENT WAS UNDE	AUSE OF DEATH ALEXAMINER)  21b H 21c		DAY YEAR 19		YES NO	IN CERTIFYING C. YES	AUSES OF DEATH?
		710. ACCIDENT WAS UNDO OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICA 71d INJURY OCCURRE WHILE NOT WHE AT WORK 720.1 certify that (1) (1)	ERLYING   71h AUSE OF DEATH AL EXAMINER)  ED   71e  (AT  (AT  (AT)  (AT)	P.M. PLACE OF INJURY	DAY YEAR 19 21 SG, and the DEC	LOCATION STREET  19 23 19 24 Ant in (my) our) opinion of the series  PHYSICIAN  Re ADDRESS	YES NO RED RENTER NATURE OF INJUR	IN CERTIFYING C. YES  IN ITEM 18 PART I ORP	AUSES OF DEATH? NO []  ART 7)  NIV STATE  The (I) (we) lost om the couses stated  DATE SIGNED  A 3 6 8 6



1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
4	

167	FOR STATE REGISTRAR		PARTMENT OF HEAD CERTIFICA		0	6 ŘEG. NO.	1 6	1 4 6
	CEASED NAME FIRST	WIDOLE	LAST		20 DATE C	F DEATH MONTH	OAY YEAR	
3. SE)	Martha	4 RACE	MEISER 15. DATE OF B	IDTU	June	19 1	986	5:15 p
		The second second	MONTH	DAY YEAR			MONTHS DA	
	Female RTHPLACE (STATE OR FOREIGN	Cau. 76 CITIZEN OF WHAT COUN	VTRY? 8	_	92 BALTIM	94 YI	RS DEATH	
	Md.	U.S.A.	WIDOWED	NEVER MARRIED  DIVORCED	Bal+		county	M
7 N. CI	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, N	IURSING HOME OR C		120 USUAL	OCCUPATION RK FOR MOST OF WORKII	12b. KIN	D OF BUSINESS OF
2/	Balto.	Franklin Squ				emaker	NO EIVEL I INDUST	K T
#15U/ 13a. S	AL RESIDENCE (IF NURSING MICH	THER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	d INSIDE CITY LIMIT		ADDRESS / ZIP C	ODE	
5	Md.	- Balt		ES NO		N. Belnor		21205
2/15FA	ATHER'S NAME FIRST	MIDOLE LAS		MOTHER'S MAIDE	NAME	MIDDLE		LAST
100		known				unknown		
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO. 17	INFORMANT		ADDRESS	В	el Air,
4	no		0-7113D   F		iser 801	H Coconu	t Ct. Me	d. 21014
	18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE	ly ane cause per line for 101, (	b and c	F 13	_		BETWI	ROXIMATE INTERVAL EN ONSET AND DEATH
	IMMEDIAT	TE CAUSE (a)	veshiraroi	ry Failu	re Seco	ondary t	0	
	couse (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CON		NAME OF THE PARTY OF THE	TERMINAL DISE	25 00 00 00 00		
NO NO	Arteriosclerot		cular Dise					IIa
CATK CATK	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION V	MAS DEDECTRAFED		in Syndr	ome	IDINGS USED
THE		1-1		VAS FERT ORMED	20a AUT	NO NO	ERTIFYING CAU	SES OF DEATH?
AL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	Tr. HOW INJURY OF	YES 🗆	NO NO IN CE	YES	NO 🗆
		P.M.	H DAY YEAR	It. HOW INJURY OF	YES 🗆	NO IN CE	ERTIFÝING CAU YES 🗍 a 18 part i Orpart	NO []
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	Ic. HOW INJURY OC	YES 🗆	NO NO IN CE	YES	NO []
MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY C	H DAY YEAR 19 21 DEFICE FARM ETC )	IL LOCATION	YES	NO IN CE	ERTIFÝING CAU YES A 18 PART I ORPART COUNTY	NO []
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY C	H DAY YEAR 19 21 DEFICE FARM ETC.) 21	IL LOCATION	YES	NO NO IN CE	YES OUNTY	NO []  STATE
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, EACTORY C	H DAY YEAR 19 21 DEFICE FARM ETC.) from June 19 86 , and the	IL LOCATION STREET  17  19	YES	NO NO IN CE	COUNTY  19 86	STATE  that *(X (we) lo
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY C	H DAY YEAR 19 21 DEFICE FARM ETC.) from June 19 86 , and the	IL LOCATION STREET  17 , 19 hat in (17) (aur) op GREE  ATTENDII	YES	IN CE NOWN INTER CITY OF TOWN  Une 10 STAFF	COUNTY  19  16  17  18  19  18  19  19  18  19  19  19  19	STATE  that (we) lo the causes stated  ATE SIGNED
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY C	office farm etc.)  from June  19 86 , and the DEC	IL LOCATION STREET  17 , 19 hat in (17) (aur) op GREE  ATTENDII	YES	IN CE NULL PY IN ITEA	COUNTY  19  16  17  18  19  18  19  19  18  19  19  19  19	STATE  . that (we) lo the causes stated
MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK NAT WORK NAT WORK  22a.1 certify that X (this hospi sow the decetaed alive an above, Wellidid! (314 of 22b. SIGNATURE  22d PHYSICIAN'S NAME (1YPE C)  Dr. Ken Ci	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY CO.)  101) attended the deceased of the term of	PER DAY YEAR 19 DEFICE FARM ETC 1  from June 19 86 , and to	11. LOCATION STREET  17. 19 hat in 120 (aur) op GREE ATTENDIT PHYSICI. 2e. ADDRESS	YES CCURRED (ENTER N  86	IN CE NULL PER IN ITEA	COUNTY  22. D	STATE  that (we) lo the causes stated  ATE SIGNED
WEDICAL MEDICAL MEDICA	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY CO.)  101) attended the deceased of the term of	PER DAY YEAR 19 DEFICE FARM ETC 1  from June 19 86 , and to	11. LOCATION STREET  17 19 hat in (1) (aur) op GREE ATTENDIT PHYSICE 20. ADDRESS  9000 Fra ETERY OR CREMATO	YES	IN CE NULL PER IN ITEA	COUNTY  22. D	STATE



director, page 3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

2-6	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA		NE 8 6	9	6	64
		CEASED NAME E OR PRINT)	othy I		Malaa		AST .	2	e. DATE OF DEATH	MONTH DA	YEAR	26. HOUR
	3 SE			CACE.	Herse	5 DATE C	E BIRTH	6	AGE (IN YEARS LAST BIR		UNDER 1 YEAR	i UNDER ZILHRS
	F	'emale		Caucasi	an	MONTH			66		NTHS DATS	HOURS MIN.
35		IRTHPLACE (STATE OR FO COUNTRY) aryland		CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIE		Baltimore O	-	FDEATH	MD.
13	R	ITY OR TOWN OF DEA		Baltimo	re County C	ADDRESS)	PROTHER INSTITUTION HOSpital	(	OUSUAL OCCUPATION TYPE OF WORK FOR MOST OF	ON	126 KIND O INDUSTRY	F BUSINESS OR
彭	13a	aryland	13b COUNTY Baltimo		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Randalls	N	134 INSIDE CITY LIM		e.STREET ADDRESS			21133
30		ohn Eyring	MIDE	DLE	LAST		15. MOTHER'S MAID FIRST  Mary Bake	er	WIDDLE		LAS	
medicol		WAS DECEASED EVER I YES. NO OR UNKNOWN]	IN U.S. ARMED		218-01-9		17 MER** W1111- 2315 Emir		Chenoweth S	ss vkesvill	e 1	21784
injury, or other	ATION	COUSE (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED										
7	CERTIFICATION								YES NO	IN CERTIFYII YES	NG CAUSES	OF DEATH?
He a	MEDICAL CE	718, ACCIDENT WAS UNDI OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A./ P./	M. MONTH DA	YEAR	Z1c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	( OR PART 2)	
morked or	MED	216 INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ut 🗆	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	- 4	CITY OF TO	WN	COUNTY	STATE
m 21 is mo		220 1 certify that (1) saw the decease above, (1) (we) (d		1	2//1			Spinion dec	to 6 29	te and hour o	nd from the	that (I) (we) last causes stated
# He	ă	ZIS SIGNATURE	8/100	avon	Bu	(	ATTEND PHYSIC	ING	MEDICAL STAF		1221. MATE	39.86
MPORTANT		THE PHYSICIALS NA	bra (	R'AYAJ	org G	RAD	BAL"	T	COUNTY	GNU	- Hos	Pital.
_	B	BURIAL, CREMATION S (SPECIFY) Arial	-	7/2/86	L	ake Vie	emetery or crema ew Memorial F	Park	23d LOCATION / CITY OR TOWN Sylvesville	Cam		aryland
7/84		uneral director I 728 Liberty R					inc.	So. DATE R		25b. REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

offending physician.

THE SECOND SECOND 44,000 Logica Control Dates on the Country Country In the Country Investigate SETTS THE BOOK SOME SET TO THE PROPERTY OF THE P. Rilling L. Chrystell Marient Stand Lotter 22 Freehold private three of the first of the surface that Louis Treet for all I contains and

SHE LIDERY ROOM MONITORING, IN LAND SHEEL

1 - STATE REGISTRAR DEPARTMENT OF HEA

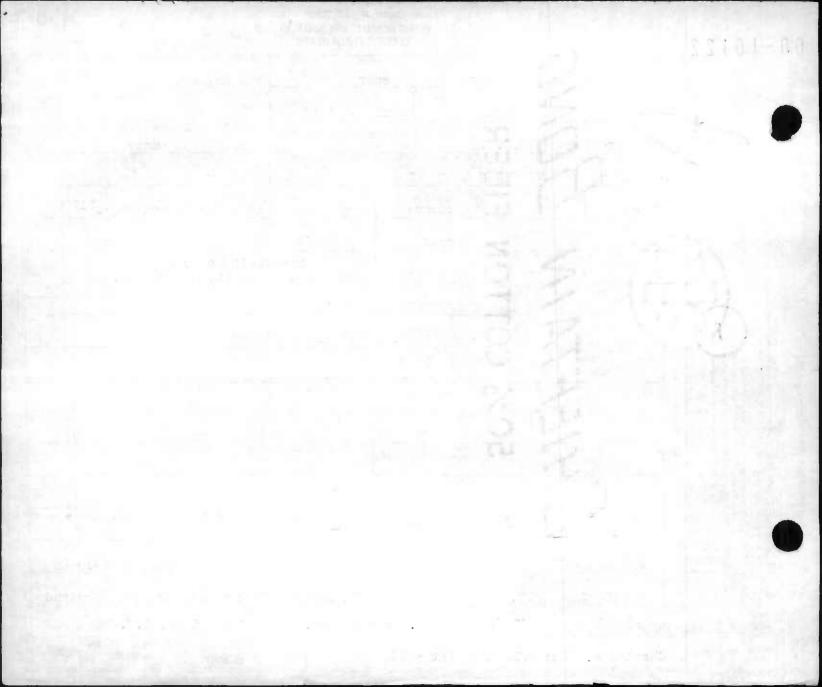
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6	1	6		60%	
REG. NO	XC	13	525	909	

6.										REG. INC	J. 210	10 04	2 1	0)	
		CEASED NAME	FIRST	٨	VIDDIE		LAST	_	2a DATE C	OF DEATH	MONTH	DAY YEAR	R 2	b HOU	R
	0		ames	He	nry	Merc	cer		June :	15, 19	86		4	:40	рм
	3.5E)	K		4 RACE		5 DATE O			6 AGE IN	YEARS LAST BIRT	HDAY)	MONTHS DA	_	FUNDER	
L	_	MALE	100	BLACK		Apri	1 8,	L912	74		YRS	MONTHS DA	(15	HOUR5	MIN.
4	Ta. Bil	ETHELA (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER	MARRIED -	9 BALTIM	ORE CITY O	R COUNTY	Y OF DEATH	1		
Y	No	rth Caroli	na	U.S.A	•	WIDOW		ONORCED	Bal	timore	Coun	ity			MD.
3		rt Howard		(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET CAL CENT!	ADDRESS)	OR OTHER IN	STITUTION		OCCUPATION OF THE PORT OF THE		126 KIN INDUST		BUSINE	SS OR
5	13a. 5	AL RESIDENCE (IF NURS	T36 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	/N	13d INSIDE YES X	CITY LIMITS?	13e.STREET 1401	ADDRESS / Washi	ZIP CODE	Blvd	.21	230	
e	) TA	Joe		WIDDLE	Mercer			R'S MAIDEN NA Innie	AME	MIDDLE		Port	LAST		
2	0	VAS DECEASED EVER	( IF YES, GIV	MED FORCES? E WAR OR DATES)  II	166 SOCIAL SECU 218 18 1		17 INFORM	Rcds. V	dessie		rs	МЭ	210	E 2	
)	NO	Canditians, if any, gave rise to imm cause (a), stating underlying cause	nediate g the last	(b)	AS A CONSEQUE  REPORT OF THE PROPERTY OF THE P	ESPIRA ENCE OF				SE OR CONE	DITION GIV	VEN IN PART	lia		
2	CERTIFICATION	98 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?	IN CERTIF	S, WERE FIN	SES O	S USED	H?
1	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	21e PLACE O	M. MONTH DA	19	21¢ HOW I		RRED (ENTERN	CITY OR TO		COUNTY	2)		TATE
	×	NOT WHAT NOT WHAT NOW IA	ILE	(AT HOME STR	EET, FACTORY, OFFICE F			E1		CHYORIO	WIN	COUNTY		3	IAIE
		22a.1 certify that A saw the decease above, # (we) (d 22b SIGNATORE	d alive an	6/15	19 8			, 19 <mark>86</mark> •) (aur) apinian	death accurr	,	ite and hau	19_ <b>86</b> In and fram	the car		
+		7/ QUL 220 PHYSICIAN'S NA	LO ME CIVER	Kan	2 mo		22e ADDRE	PHYSICIAN [	MEDICAL	STAF PHYSIC		6	-15	-86	
		Marcia K	ane,	M.D.				Medical	Cente	r, Ft.	Howa	ard, M	ary	1an	d
	23a B	BURIAL, CREMATION,	REMOVAL				EMETERY OF	CREMATORY	23d LOC	ATION					
	B	urïal		6/20/86	o Mo	d. Vet	eran (	Cem.	Cr	ownvi 1	le, A	.C. M	d	.5	TATE

DHMH - )6 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR
Charles A. Rice FSPA 1300 Eutaw P1,

30 DATE RECID. BY REGISTRAR 120 REGISTRAR'S SIGNATURE.

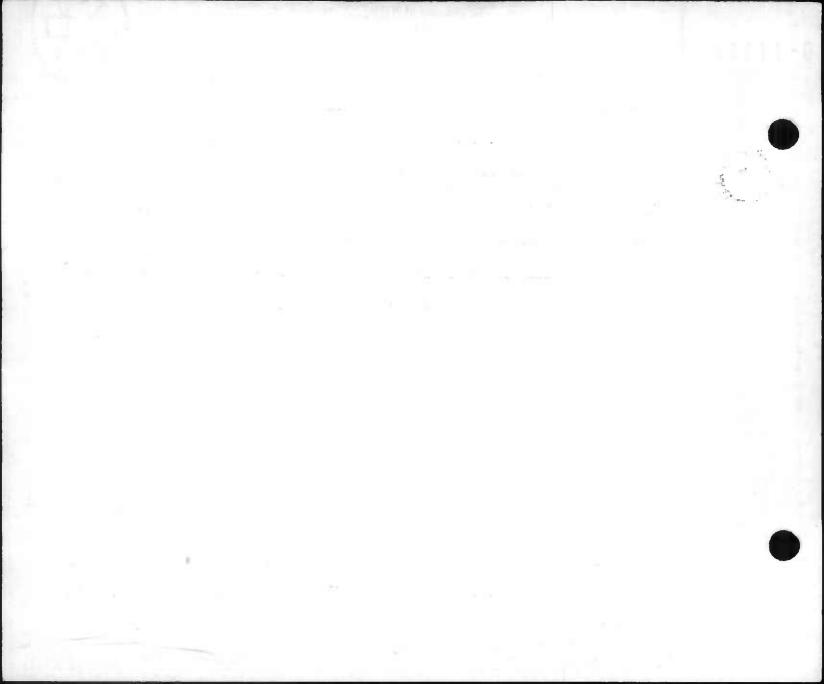


•	eoth. Page 4 may be	neral director, page 3	Sold of the sold o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours ofter death. Fage 4 may be retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and atmibitibly full of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages norther than the first print of health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical experiments with adoptor
DIVISION O	TO HOSPITAL OR ATTENDING PHYSICIAN, The Interestined by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this cert should be detoched for use as the buriol with the State Dept. of Health and Ment.	IMPORTANT: If Item 21 is marked or liter

430

	1-	FOR STATE REGISTRAR				ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N		1	49
		CEASED NAME OR PRINT)	FIRST	,	MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
			Cather		L		MERRITT		1986		5:00A M
	3 SEX			4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER 1 YEAR	# UNDER 24 HRS. HOURS MIN.
2	/	<u>Female</u>		White		July	8, 1896	89	YRS.		
4		IRTHPLACE (STATE)		76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C			
4	10 CI	ITY OR TOWN OF D				WIDOWE	DROTHER INSTITUTION	Baltimor	e County	L KIND C	MD. OF BUSINESS OR
7	6	Elmwood	EATH	(1F NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	IDUSTRY	DE BOSINESS OK
		AL RESIDENCE (# N	LIBSING HOME OF	519 E	mwood	Road	21206	Home mak	er l		
1	130. 5	STATE	136 COU	VTY	13c. CITY OR	NWOT	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
4		Maryland ATHER'S NAME	l Bal	timore	L Elmwe	ood	YES NO XX 15. MOTHER'S MAIDEN N		od Road	. 2	1206
z	7	FIRST		MIDDLE	LAS	11	FIRST	WIDDLE		LAS	51
70		George		Market	W. COCINI	CECUDITY 110		OSS	222		
ı		WAS DECEASED EV YES, NO OR UNKNOWN)		MED FORCES?		SECURITY NO.	17 INFORMANT		Ess Baltim		
		No				1-1219	Elmer F Meri	<u>itt 519 El</u>	mwood Rd	21	206
1		18 CAUSE OF DE. PART I. DEATH	ATH (Enter of	nly one cause per	line for (a), (	b1, and (c1.1	110		-		MATE INTERVAL ONSET AND DEATH
				TE CAUSE (a)	engle	lie de	ar pulue			21	Ms
		Conditions, if o	immediate	DUE TO, O	756 V.	SEQUENCE OF	elal weben	i.		/8	182
		underlying coi		DUE TO, OI		SEQUENCE OF	elletus.			19	74
	NOI	PART 2 OTHER S	IGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 16	0
2	CERTIFICATION	19a DATE OF OPE	RATION	19h COND	ITION FOR W	/HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO V	206. IF YES, WEIN CERTIFYING YES		
7		218. ACCIDENT WAS I	L.	21b. TIME O HOUR A.		H DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TO	OR PART 2)	
7	CAL	(IF EITHER, NOT IFY M	EDIC AL EXAMINE	P.,		19					
1	MEDICAL	214 INJURY OCCI		21e. PLACE		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	)wn	OUNTY	STATE
-1	_	AT WORK AT	WHILE WORK	1			h to	1		01/-	
- 1		220 I certify that		6.6	e deceosed !	E- /	19 6	10	. 19_	6	that (1) (we) lost
		sow the dece obove, (I) (we	osed alive or (did) (did no	t) wew the body		. 19, or	nd that in (my)(our) opinion	n death occurred on the d	ote and hour and	from the	couses stated
		22b. SIGNATURE	le	21/	Re	wi	ATTENDING PHYSICIAN	MEDICAL STA	FF	6/23	/1986
7		22d. PHYSICIAN'S					22e. ADDRESS			-,	
		Charle	s M Ke	rr M.D	).		6801 Belair	Road Balt	imore Md	. 21	206
	23a B	BURIAL, CREMATIO (SPECIFY) Buria	N, REMOVAL	236. DATE 6/25/1	986		EMETERY OR CREMATORY  Od Cemetery	23d LOCATION Baltimo	re MD cou	INTY	STATE
		UNERAL DIRECTOR						TE REC'D. BY REGISTRAR		S SIGNAT	TURE

DHMH - 16 50M 4/83 (VRA 15, 4) 7110 Belair Road | Funeral H | <u>Baltimore</u> JUN 24 1986 Juna Davidson-Mandaras



12	FOR Item!	8a- 22a	DEPARTMENT OF	TE OF MARYLAN HEALTH AND ME		E 6	6 1 5	0
00-09565	REGISTRAR 7-13	-86 CN M	MIDDLE	ER'S CERTIFIC	CATE OF DEA	20 DATE KNOWN		AR 26 HOUR
ET. S.S. S.E.	(TYPE OR PRINT)  JOS	seph	L. N	EYERS	JR.	OF ESTI-	3	86 M
S NECESSARY, PLEASE E PUNERAL DIRECTOR E 5 FOR YOUR FILES WITHIN 72 HOURS	3 SEX 4. RACE	5. DATE OF BIRT		RS IF UNDER 1 YR.		21. DATE PRONOUNCED	MONTH DAY YE	6:14
NOUR NOUR NOUR	MALE WHIT		2,1923 63YR	. Indiana	MIN.	DEAD		86 PM
SEESS.	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	1/6. CITIZEN OF	VHAT COUNTRY?	MARRIED MEN		1. BALTIMORE CITY	OR COUNTY OF DEATH	1
NEW YORK	REISTERSTOWN	D NAME OF HE	USA DSPITAL, NURSING HOME	WIDOWED [	DIVORCED		re County	MD
S H S H S	1-	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUT	FOR A	MOST OF WORKING LIFE)	OR INDU	
THE PARKS	REISTERSTOWN	HOME OR OTHER INSTITUTION.				ARMER		
S AND S	MD.	BALTO.	REISTERS		17 LIMITS? 13e. STRI	5 COCKEY	SMILLE RD	.21136
O TOPE TO	14 FATHER'S NAME	WIDDIE	LAST	15. MOTHE	R'S MAIDEN NAME	MIDDLE	IAST	
A SERVICE ME	JOSEPH	L.	MEYERS	A	NNA	STO	CKSDALE	
MI WAS SEE		S, GIVE WAR OR DATES)	166 SOCIAL SECURITY			ADDRES		
PAGE A PA	YES W		217-12-9	1501 Ms.H	LOUISE	MEYERS	REISTERST	MATE INTERVAL
ST. ST.	PART I PEATH WAS C	ter anly ane cause per li AUSED BY:	ne (a), (b) and (c).)	16/ PRD	Lilia		BETWEEN O	NSET AND DEATH
TON TON THE SHEET	7/10 IMM	AEDIATE CAUSE (o)	R AS A CONSEQUENCE	OF OF	NYKIN			
2 E E E	Canditians, if any, gave rise to imme							
3 32 126	cause (a) stating the L		R AS A CONSEQUENCE C	)F	4		- 100	
R STATE		(c)	-					
S CERTIFICATE SHOULD BE EXECUTED WITHING THE WORD." PER DEED TO THE CHIEF MEDICATES SHOULD BE USED A RELIEF TO THE CHIEF MEDICATES SHOULD BE USED A RELIEF TO THE CHIEF MEDICATES SHOULD BE USED A RELIEF TO THE SHORT OF HEATH AND THE TO THE SHORT OF THE SHOTT OF THE SHORT OF THE		DITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	NAL DISEASE OB CONDITION	GIVEN IN PART 1 : 0			
ULD B ULD B W. PEI N. C. C.	190. DATE OF OPERATION 210. EXTERNAL CAUSE W	196. CONE	ITION FOR WHICH OPER	ATION WAS PERFOR	MED?	2012	20 AUTOF	SY?
F VITAL R TE SHOULE WORD "P TE CHIEF I TE CH	TIFIG						YES X	NO [
CERTIFICATE SHO THING THE WORD DED TO THE CHILL E 3 SHOULD BE US E DEPARTMENT OF			OF INJURY M. MONTH DAY YEAR	21c HOW INJURY	OCCURRED LENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
ISION ISION NG THO D TO D TO SHOW	CONTRIBUTING CAUS		M. 6 131986 OF INJURY (AT HOME.	211 LOCATION	STPINIVE	obeneau	h haybin	10
S CER SDED	WHILE NOT WHILE	LE STREET, E	CTORY, FARM, ETC.)	STREET	1. 110	STY OR TOWN	SOUNTY	STATE
NA A PAIS	AT WORK - AT WORK	7	rarm	1403 COC	Keymill to	a cockey	sulle muy	my
EXAMINER: CERTIFICATE ULD BE FORU ULD BE FORU IL HHE S'		charge af the remains d	P. C.	Autapsy XX	Inspection		nd in my opinion	
RECTIFIED BE	death resulted fram:	Natural causes .	Accident Sui	cide, Hamic		ermined manner,		
ITHE CER SHOULD SHOULD EATH ORE.	ACTUAL SIGNATURE	Dune	the York	111	istant MED	ICAL EX AMINIED	DATE SIGNED 6/14	1/86
25 - 25 C					MED	ICAC EXAMINER	SIGNED	
TO MEE EXECUT TO FUN	EXAMINER'S NAME (TYPE OR PRINT)	Margarita A	. Korell, M.	ADDRESS_	111	Penn St.		
	230. BURIAL, CREMATION, REMO			AETERY OR CREMATO	CITY	CATION	COUNTY	STATE
07/84 BP/80	BURIAL 24 FUNERAL DIRECTOR	JUNE 17,	86 LAKE VI		RIAL ZSa. DATE REC'D, BY	SYKESVIL	LE, MD.	
DHMH - 17 (VR A15 ME (5))	NAME	ADDRE						اعاقاله"
(AN WIR (2))	ELINE FUNER	AL HOME	KEISTERST	WN. MD.	00111	300	and latera . M.	

Y34

1 ALE MAITE 148 12, 1925 65

X

NECTORITORN

FAMSA . FARMER

FD. BALTO. KEISTERSTOWN 405 COREYSHILLE FD. 21758

JOSEPH L. EYERS NNA TOCKSCALE

NES 277-12-5504 IS.H.LOUISE PEYERS ELSTERSTOVN, DO

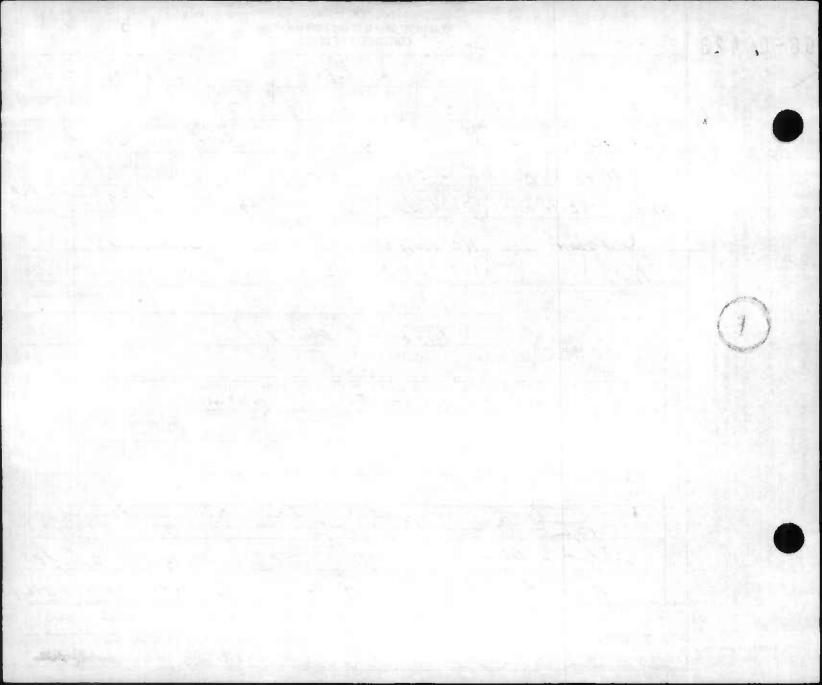
BURIAL SUNETY, 85 LAKE VIEW MEMORIAL SYKESVILLE, 10.

LIBE DUERAL ONE KEISTERSTOWN, 10.

9423	1 -	FOR STATE REGISTRAR	DEPA	STATE OF MA RTMENT OF HEALTH A CERTIFICATE (	ND MENTAL HYG	IENE 8 6	1 6 1	5
F E		CEASED NAME CAMILLA		MICHE	,	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1000					</td <td>6 AGE (IN YEARS LAST BIRTHDAY)</td> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 24 HRS</td>	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ector. p	3. SEX	F EMALE	* RACE HITE		TYEAR OS	72	MONTHS DAYS	HOURS MIN.
72 hou	70. 81	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED L NE		9. BALTIMORE CITY OR COL	UNTY OF DEATH	241
1±	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI			120 USUAL OCCUPATION	12b. KIND (	OF BUSINESS OR
250	16	andalls town	Baltimora	Connty G	ta. Hosp	(TYPE OF WORK FOR MOST OF WORK READUSENI		
35	13a S	~	OTHER INSTITUTION GIVE RESIDENCE BILLY OR TO STATE OF LINES	OWN 13d INST	DE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	100 pm 11V
(30)	14 FA	THER'S NAME FIRST NEW YORK	MIDDLE HOR	15 MOTI	HER'S MAIDEN NA	WE	word	ST
dical		AS DECEASED EVER IN U.S. AR			/ /	STANLEY GORDO	N	
9 9		No	2/9-6	26-2099 0	832 JANBE	ROOK RD RANDA		
1 1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b)	enal F	ailare		BETWEEN	IMATE INTERVAL
leose roth		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF				
ta bur njury.	NO	PART 2 OTHER SIGNIFICANT	conditions contributing		ATED TO THE TERM	Ant mi	N GIVEN IN PART 1	0
ows ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FIND ERTIFYING CAUSE YES	
Mental Hygin		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
ond Mer ked or Ite	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY	21f ±00	CATION STREET	CITY OR TOWN	COUNTY	STATE
of Health		22a.) certify that (1 thin hospi	t) view the bady after death.	9 86 , and that in	(my) Our opinion	death accurred on the date an	d hour and from the	thatel (we) last
AT. If Hem		226. SIGNATURE	1 Mors	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL		SIGNED /P6
with the State L		22d. PHYSICIAN'S NAME (TYPEO	refinition C. Mos	22e AD	Palfim.	ore Count	ly Gen	21-/ Has
; 3 👱	23a 8	URIAL, CREMATION, REMOVAL SPECIF BURIAL	23b DATE 6/12/86	CHEVRA AH	AVAS CHESI	ED 234 RANDALLSTO	WN BALTO	). MDATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN RD. BALTO., MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 1 3 1986 Sulla Devident gulia Vavidson-Bonda



0	(	18
The state of the s	s shot the sleash certificate be executed within 24 hours often death. Page 4 may be	by the otherding physicion and completely tilled in by the funitor director, page 3 leans remove corben popels. Paged 2 should be filted writin 72 house other death
	\$	d b

DECEASED NAME

COUNTRY)

23a. BURIAL, CREMATION, REMOVAL

(TYPE OR PRINT)

3:5EX

STATE OF MARYLAND FOR - STATE REGISTRAR

MIDDLE

HARRY

STATE OF FOREIGN

4 RACE

	DINIE OF III	MICHEMILE	
DEP ARTMEN	OF HEALTH	AND MENTAL	HYGIENE
CI	RTIFICATE	OF DEATH	

CERTIFICATE OF DEATH	REG. NO.	0 1	
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
MICHELSON	JUNE 1, 1986		5:55 P.
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
AUG. 15, 1905	<b>XX</b> 80 yrs.	MONTHS DATS	HOURS MIN
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
WIDOWED X DIVORCED	BALTIMORE COL	JNTY	M

TOWSON MULTI MEDICAL CENTER  CLASSICAL VIOLINIST  A RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	DALI MORE COUNT	EDV DIVOKCED	J.A. IWIDOWE	0.0	DITITORIVIA
TOWSON MULTI MEDICAL CENTER CLASSICAL VIOLINIST		OR OTHER INSTITUTION	HOSPITAL, NURSING HOME C	TH 11. NAME OF	CITY OR TOWN OF DEA
LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			CH FACILITY, GIVE STREET ADDRESS)	. (IF NOT IN SUC	
	CLASSICAL VIOLINIST - MUSI	BR BR	MEDICAL CENTE	MULTI	TOWSON
		113d. INSIDE CITY LIMITS?	13t. CITY OR TOWN		THE STATE
FLA.   MIAMI BEACH   YES   NO K   1450 LINCOLN RD. , APT.	OK 1450 LINCOLN RD. APT. 1003	YES NO NO	MIAMI BEACH		FLA.
FATHER'S NAME IS MOTHER'S MAIDEN NAME	AIDEN NAME	15 MOTHER'S MAIDEN NAM			FATHER'S NAME
				MIDDLE	
SAMUEL MICHELSON TOBA UNKNO	TOBA UNKNOWN	TOBA	MICHELSON		SAMUEL
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ADDRESS	17 INFORMANT	166 SOCIAL SECURITY NO.	IN U.S. ARMED FORCES?	160 WAS DECEASED EVER
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		The second		(IF YES, GIVE WAR OR DATES)	
NO   028-24-7491   MRS. MARY DAVISON 8201 NINA CT. 2120	RY DAVISON 8201 NINA CT. 21208	MRS. MARY DAY	1028-24-7491		NO

P	8. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED)	ane cause per line far (a), (b), and (c)	BETWEEN ONSET AND DEAL
Н	IMMEDIATE	CAUSE (a) Cauces of 1805/ale	
П		due to, or as a consequence of	V E1500 h S
	Canditians, if any, which gave rise to immediate	( 1b)	
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	
2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)			
21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

and that in(imy) (aur) apinian death accurred on the date and haur and Iram the causes stated DEGREE ATTENDING PHYSICIAN

236 DATE

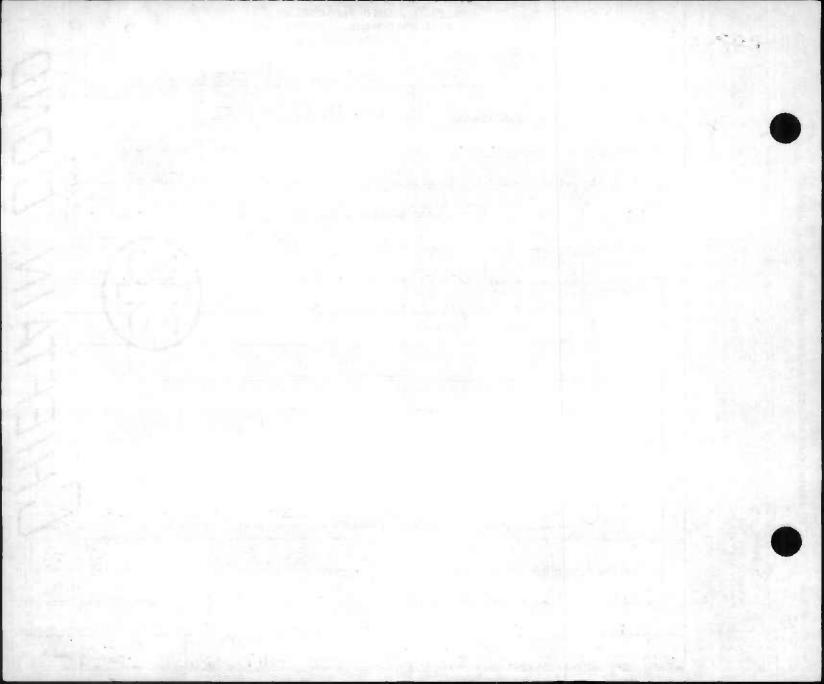
CITY OR TOWN

BURIAL 6/3/86 HEBREW FRIENDSHIP CEM BALTIMORE MAR

24 FUNERAL DIRECTOSOL LEVINSON & BROSADDAESTNC. 1250. DATE REC'D. BY REGISTRAR 256. REGIST

(VRA 15, 4)

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215



- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH LIVEE OF PRINTS 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH 128 USUAL OCCUPATION 126 KIND OF BUSINESS OR LIPPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MOLOI Clerk M ryland Baltlimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1526 Waverly Way YES X NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME James A. Adams Henrietta Hoffman 220 Glemmore Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT WW T Yes NO OR UNKNOWN) 213-10-7580A Helen H. Lyons Catonsville, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HIS 9n DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY YES [ NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY LAT HOME, STREET FACTORY OFFICE FARM ETC ) CITY OF TOWN STREET 220 I certify that ( (this hospital) attended the deceased from sow the deceased alive an Color obave, (I) (we) (did) (did nat) view the body ofter death and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22b. SIGNATURE ATTENDING MEDICAL

FOR

22¢ DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS C. W1. 230. BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Baltimore City, Maryland June 23,1986 Most Holy Redeemer 24 FUNERAL DIRECTOR 250. DATE REC'D. 8Y REGISTRAR 256 REGISTRAR'S SIGNATURE 6500 York Rd. , was way down your day Mitchell-Wiedefeld Home, Inc. Balto.Md. 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

Vehicle Adm.

LAST

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

IN CERTIFYING CAUSES OF DEATH?

21239

21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

-20-86

DHMH - 16 60M 7/84 (VRA 15, 4)

DRITANI

State of the State X HELL AM ACN They was 2 to a resourt

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR		DUARIM		ICATE OF DEATH	REG.	NO.	-	
	CEASED NAME FIRS	T A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1.176	Charle	s Greg	jory	MILL	S	June	26	1986	3:30p M
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	
	Male	Whi	te	Apr		46	YRS		HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	DA NEVER MARRIED	9 BALTIMORE CITY		ITY OF DEATH	
	Maryland	USA		WIDOWE	DIVORCED	Baltimore			MD
10. C	ITY OR TOWN OF DEATH		OSPITAL, NURS INC HEACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS OR
_	Rossville				Hospital	Police	- Be	th Stee	1
		ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE .		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CC	DE	
SI.	Md. E	Balto.	Essex		YES NOT	950 Mid	ldleb	orough	Rd.212:
14 FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LA	SI
	Charles		Mills		Ann	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADI	DRESS		
	no	ES ONE WAR OR DATES)	218-36-	9303	Bernadine	Mills 95	OMid	dleboro	oughRd.
	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying cause los	the by Me	R AS A CONSEQUE Letastatic R AS A CONSEQUE	Luı	ng <u>Carcinoma</u> Sepsis.	with Over	whelm	ing	1
NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	ONDITION (	GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	ZOG AUTOPSY?		YES, WERE FINDI TIFYING CAUSES YES [	
	710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIEY MEDICAL EXA	DE DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF II	NJURY IN ITEM I	B PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY EET, FACTORY OFFICE FA	RM ETC )	211 LOCATION STREET	CITY OF	NOWN	COUNTY	STATE
ď	220.1 certify that (this sow the deceased alivabove,			ine 36 or	20 , 19 <u>86</u> and that in (1941) (our) apinion (		26 date and h		that jX (we) lost couses stated
	226 SIGNATURY	De_			DEGREE ATTENDING PHYSICIAN		TAFF SICIAN	22c. DATE	\$1GNED / 86
	Gary J	Tohnson			270 ADDRESS Fruhhu	Sa Horp	9000	Freihli	S, Drue

TO FUNERAL DIRECTOR. After this certificate has been signed by the attentional be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

other trous

00

IMPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

73h DATE

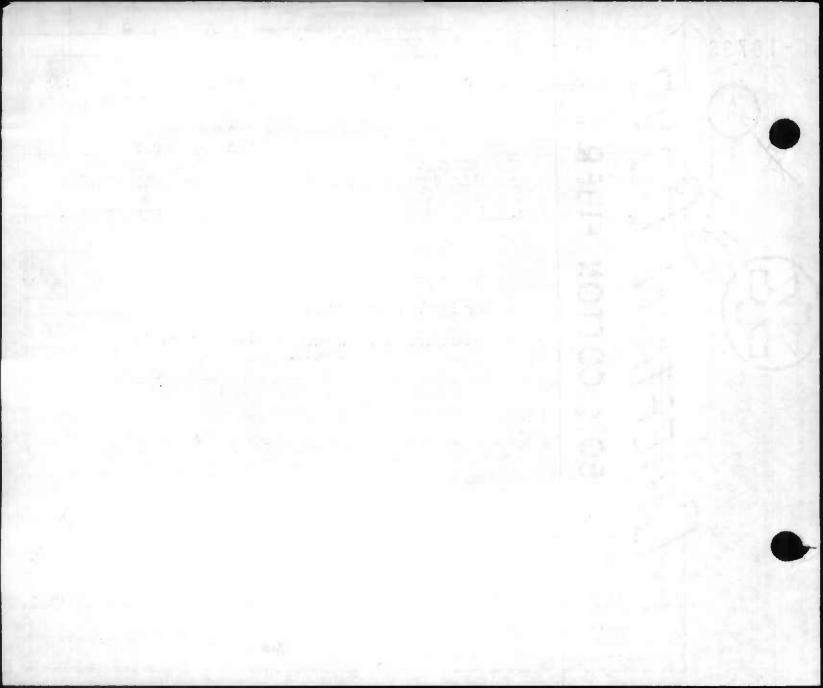
6/30/86

23c NAME OF CEMETERY OR CREMATORY

Burial
24 FUNERAL DIRECTOR ConnellyFuneralHome 300MaceAve. 21221

230 BURIAL, CREMATION, REMOVAL

DruidRidgeCemetery Baltimore Maryland
REGISTRAR 256 REGISTRAR SSIGNATURE



						STATE							food	10 lies
	1.	FOR STATE			DEPARTA	AENT OF HEA	ALTH AN					6 !	2	2
0-08388	1.	REGISTRAR		ME	DICAL E	XAMINER	'S CER	TIFICATE	OF DEA	TH	REG. NO.	13		- 4
0 00000		CEASED NAME	FIRST ELV	relyn	MIDDLE	М.	LAST	Mister	,	a DATE KNO	M N W	ONTH E	DAY YEAR	75. HOUR
Www.	{TYI	E OR PRINT)	EVELV	a N	1	MISTER		2,-0		OF ES	TED 🗌	1 3	19 34	413
PLEAS ECTOR R FILES HOUR STREET	3.56			5. DATE OF BIRTH		6. AGE (IN YEARS)	I UNDER	1 YR JELINDE	R 24 HRS.	2c DATE		O HTMC	DAY	THE HOLE
五元 天 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			nite	MONTH DAY	YEAR	LAST BIRTHDAY)	_	DAYS HOURS		PRONOUNCED	)	1 =		(35
ARY, P LDIRE YOUR YOUN	12			2 8 76 CITIZEN OF WI	18	68 YRS.				9 BALTIMORE	CITY OR C	B 3	1906	OBN
HANGE BY	FC	RTHPLACE (STATE OR REIGN COUNTRY)				IRY?	ARRIED	NEVER MAR	RIED 🗌					
25 X		aryland	- 1		S.A.		DOWED 3	0.00	CED		Ltimor			ME
SER AS	Pirt	TY OR TOWN OF DE		11. NAME OF HOS	CHITY CIVE CT	DEET ADDRESS)			12a USU	AL OCCUPATI	ON (TYPE OF )	WORK 12b	OR INDUS	USINESS FRY
1/308#2	Ra	ndallstown	1	Baltimor	e Cou	nty Gene	ral H	Hospital	Spi	nner		C	otton	Mill
- 05 S G S C S	WSU.	L RESIDENCE (IF IN N			VE RESIDENCE	BEFORE ADMISSION)	had	INSIDE CITY LIMITS?	ha. cros	ET ADDRESS				
AND	Ma	ryland	131 COUNT		Rivi	or town era Bch		S NO B	x 133	Dale F	Road	211	22	
9 = 210	BL F	THER'S NAME					15.	MOTHER'S MAIL				-		
1 E 1 8 9 9 14	N	George		MIDDLE		riplett		Evely		MIDDLE		m.	LAST	
PARED OR STATE	116n A	VAS DECEASED EVER	IN II S ARAA	ED EORCES?		IAL SECURITY NO		NEORMANT	11	Α	DDRESS	T	ownsen	ICL
	10	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)		-03-3320		Rosezel	To Uo				120	
JRS AF JRS AF B. GIVI WITH T. PAG DOIVISI	1							RUSEZEI	.la na	mp con	Same	as .	13e	
		18 CAUSE OF DEAT PART I DEATH W	TH (Enter only	one couse per line	for (o), (b),	ond (c).)							APPROXIMA BETWEEN ONS	ET AND DEATH
W. PRESTON ST.,  WITHIN 24 HOUR ENCIL IN ITEM 18. MINER ALONG W TRANSIT PERMIT. ENTAL HYGIENE, D OR REMOVAL.	13	I AMITOLATIC	IMMEDIATE	CAUSE (a)	13	CVD							6.4	
N 2 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1				DUE TO, OR	AS A CON	SEQUENCE OF								
W. PREST WITHIN INCIL IN AINER A AINER A TRANSIT VIAL HY		Conditions, il gave rise to		(b)										
ON THE WAY		cause (o) stating	g the under-		AS A CON	SEQUENCE OF								
201 W. PRE UTED WITHI IN PENCIL I EXAMINER EXAMINER MAL-TRANS ON, OR REA		lying cause last	1	(c)										
AAL AAL AAL AAL AAL		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO		BUT NOT RELAT	ED TO THE TERMINAL	DISEASE OR C	ONOITION GIVEN IN	PART 1 (n)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RE 3 SHOULD BE USED AS A BURIAL "TRANSIT PREMIT. F DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D OI PRIOR TO BROBLAL, CREMATION, OR REMOVAL.	Z	1	_											
HTAL RECOSHOULD BE ORD "FENDING FOR THE MED OF THE MED OF THE MED OF THE MED OR MEAL", CREATED OF THE MED OF T	CERTIFICATION	19a. DATE OF OPER	ATION	19h CONDI	TION FOR V	WHICH OPERATION	ON WAS P	'ERFORMED?				- 1	20 AUTOPSY	12
SHOULD SH	48													Le.
N S S S S S S S S S S S S S S S S S S S	E	21g. EXTERNAL CAU	ISE WAS	21b. TIME O	FINILIRY	1	Ir HOW I	INJURY OCCUR	DED JENTERN	ATURE OF INJURY	N ITEM 18 PART	LOR PART 2	YES 🗌	NO ]
THE THE THE TOP THE	1 5	UNDERLYING D	OP	HOUR A.M	MONTH	DAY YEAR	10 110 11	II JONI OCCON	KED (CITTERI	ATORE OF HIJORY	THEM IN THAT	· On France		
ON HOUSE	2	CONTRIBUTING		P.M	**	19	II LOCATI	1011						
IVISION CERTIFIC CERTIFIC THI ITING THI DED TO TO SHOULD THE SHOUL	MEDICAL	216 INJURY OCCUR	MHILE -		TORY, FARM, ET		STREET			CITY OR TOWN		COUNT	Y	STATE
DIVISION OF VITAL  BER, THIS CERTIFICATE SHOU  ATE, WRITING THE WORD  ORWARDED TO THE CHIE  OR, PAGE 3 SHOULD BE US  HE STATE DEPARTMENT OF  ND, 21201 PRIOR TO BORNA			VORK											
REST D. 2		22a I certify that	I took charge	of the remains de	scribed oba	ve. held an	Autapsy [		ion X.	Inquiry	ondin	ту орин	on	
A STOTE A		death resulted from		ol couse X.	Accident	, Suicide		Homicide		rmined monne		, -,		
REG BI		ded in resolited from	1000		//	, Soleide		TITLE (SPECIFY)	Olidere	i time a tilotime			. ,	
¥.× © G G G G		ACTUAL .	tank O	(John 1)	71			DesuT?				DATE	113/2	1
ZHY KHY Z	1	SIGNATURE	4	- carry	1		M.D	Delati	MED!	CAL EXAMINE	R :	SIGNED_	9/01	<u> </u>
NO THE CHE	7	EXAMINER'S NAME	574.11	EV 7. 10	I soll	and Ma		RESS II B	cl	100	2 1200	)	1	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BAITTMORE, MARYLAND, 2120	-	(TYPE OR PRINT)	ANAPIE	7 46	LARIN	49 IN.				Dal Bu	41400			
E00549	23a.E	URIAL, CREMATION, I PECIFY) Buria		6/6/86	23t N	E OF CEMETI	RY OR CR	REMATORY	Z3d LO	CATION	7	COUNTY		STATE
BP			_	2/0/00	Me	Yyland	veus		_	ownsvil		A.A.		Md
DHMH - 17	24. F	UNERAL DIRECTOR	a	ADDRESS				250. DAT	REC'D. BY	REGISTRAR 2	NEGISTR.	AR'S SIGI	-Mature	-
(VR A1S ME (S))	G	eorge J. (	jonce	4001 Rit	chie	Hgwy Ba	lto N	/ld	11 4	1986	Contraction (contraction)	funday,		
20M 4/82														

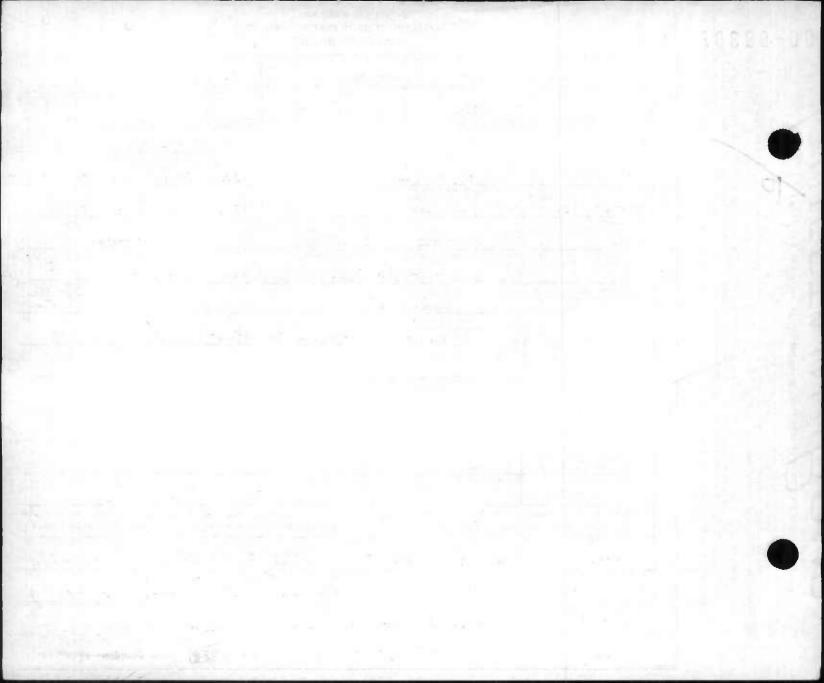
0-09387	T - STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME (TYPE OR PRINT)	PIRST Donald Char	les Mona	ghan	June 12, 1986	YEAR 26 HOUR
E	3. SEX Male	4. RACE Cauca	MON	OF BIRTH TH DAY 38	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 21 HRS
dire dire	Maryland	OREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	ED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Baltimore Cou	
23/3/	10 CITY OR TOWN OF DEA Woodlawn	(IF NOT IN SUC	HOSPITAL, NURSING HOME CHEACHITY, GIVE STREET ADDRESS)  Dogwood Road		126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE Tavern Owner	12b. KIND OF BUSINESS OR
	Maryland			134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 7531 Dogwood Ro	ad 21207
	14. FATHER'S NAME FIRST Donald		Monaghan	15. MOTHER'S MAIDEN NA Alice	MIDDLE Pa	rrish
Q 9 9 9	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 219-32-3686	Mrs. Kay Mon	aghan Woodlawn	Dogwood Road Maryland 21207
n signed by the attending physic Then please remove corbonoop Tro burial, cremotion, or removal injury, or other troumotic event, i	Conditions, if ony, gove rise to imm cause (a), statinunderlying couse  PART 2. OTHER SIGN	which (b)	R AS A CONSEQUENCE OF	Ageconou. Co	head + ruly	/ Y n
has bee i permit. ene prior	190. DATE OF OPERAT	ION IN COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
£		AUSE OF DEATH HOUR A	DFINJURY .M. MONTH DAY YEAI .M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	NRT T OR PART 2)
the bu	{IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY
DIRECTOR: oched for us Dept. of He If hem 21 is	sow the decays obove, (1) (we) do 22b. SIGNATURE/	(this hospital) attended of the bolive on bolive on bolive on bolive the body (did not) yiew the body		DEGREE ATTENDING PHYSICIAN [	deoth occurred on the dote and hour	ond from the causes stated  22c. DATE SIGNED  6-12-86
should be deto with the Stote	22d PHYSICIAN'S NA	Jates field		220. ADDRESS ST A	n. Ave Balt	Mdaire

ATTENDING MEDICAL STAFF 22e. ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial June 16,1986 Woodlawn Cemetery Woodlawn Baltimore Maryland 74 FUNERAL DIRECTOR
NAME LOTING Byers Funeral Directors, Inc.
8728 Liberty Road Randallstown, Maryland 21133 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



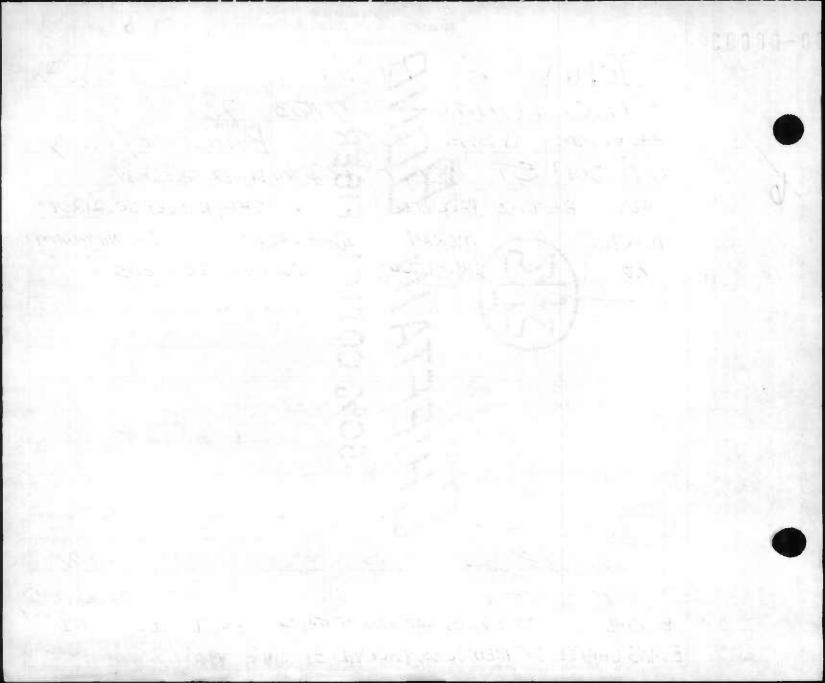
TO BUT A TOTAL TOT

THE MOSSON LEGISLE OF WAR WAS TO SEE THE COLUMN TO SEE THE COLUMN

0 - 08693

693	1-	FOR STATE REGISTRAR		EALTH AND MENTAL HYGIE	REG. NO.	6 3 0
age 3 death	{ TYPE	CR PRINT)	F. M	OKAN	20 DATE OF DEATH MO	280/0° PM
urs afte	3. SE)	MALE	White S. DATEO	7 1913	AGE (IN YEARS LAST BIRTHDA	MONTHS DATS HOURS MIN.
in 72 hor		BALTO. MD.	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE	NEVER MARRIED	BALTIMORE CITY OR C	OFE COUNTY MD.
by the furthed with	10 CI	OUSON!	NAME OF HOSPITAL, NURSING HOME O	S HOSPITAL	126 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WE DRIVER SAL	ORKING LIFE) INDUSTRY
filled in nowld be f	USUA 130. S	TATE 13b COUNTY BALT	O. CO. 13 CITY OR TOWN  PARK VILLE	13d. INSIDE CITY LIMITS?		LEY DR. 21234
and 2 st	14. FA	THER'S NAME  PERST  MARTIN  MID	MORAN	MARGAR	ET MIDDLE	CUNNINGHAM
Poges 1		VAS DECEASED EVER IN U.S. ARME ES. NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT	nily REC	ORPS
physicio in papers emaval.		DADTI DEATH WAS CALISED E	one couse per line for (a), (b), and (c)  SY:  CAUSE (a) CYSTIC, NECROTIC	TEMP, LOBE MA	255-GLIOMA 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IS INFRACT (-2 m OS
tending re carbo an, ar re umatic e		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	6		
by the a ase remoi I, cremati ather tra		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	0		
en pled en pled burial ury, ar	z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT			ION GIVEN IN PART 110
permit. The permit of the perm	CERTIFICATION	MICRONODULAL  19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION		20s_AUTOPSY? 2	DIL IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO []
ntal Hygin	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
s the burn and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use o of Health 21 is ma		270.1 certify that Ny/(this haspital sow the deceased alive on above, Ny/(we) (did) (did out) v	6-2 19 Stoon	d that in (in (our) opinion de	eoth occurred on the date	ond hour and from the causes stated
detached Jate Dept. T. If Item		273 SKINATURE		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
shauld be der with the State IMPORTANT:	/	JAMES W.	HGAN, TR. MA	7620 -	YORK RO	AD TOUSON MO
± 3 §	230 E	BURIAL, CREMATION, REMOVAL	1 1001 2 . 4 -	S OF FAITH	BALTO	CO. COUNTY MOTALE
- 16 60M 7/B4 (RA 15, 4)	24 FL	VANS CHAPEL O	F MEMORIES, PAR		REC'D. BY REGISTRAR 25b	REGISTRAR'S SIGNATURE

STATE OF MARYLAND



1	- STATE REGISTRAR		CERTIFICATE OF DEAT	TH B REG.	NO.
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH	
	ANNIE		MOORE		06 28 86 1:
3. S	EX	4. RACE	5. DATE OF BIRTH MONTH DAY	6. AGE HIN YEARS LAST	BIRTHDAY) IF UNDER I YEAR IF UND
	Female	Black	08-22-12	73	YRS
70 8	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? B. MARRIED NEVER MARE	9 BALTIMORE CITY	OR COUNTY OF DEATH
	Virginia	USA	WIDOWED DIVOR		E COUNTY
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUT	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	
6	TOWSON	GBMC 50 6701 N STR	CHARLES ST.	Domest	
13°. M			more YES NO	□   5622 Be	s / zip code Lle Avenue
17/1/	FIRST	MIDDLE	15. MOTHER'S MA	MIDDLE	LAST
200	/Ulysses	Foste			Tiller
160.		RMED FORCES? 166 SOCIAL SE	March 1		PRESS
1	No	an to the part of a	Ernest	Moore 5622	2 Belle Avenue
ry, or other troumotic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	C CANCER	THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART I.o.
ony inju	19a DATE OF OPERATION		CH OPERATION WAS PERFORME	D 200 AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE
18 shows	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	71. HOW BUILD	YES NO	YES NO
MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2)
morked or	WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)  211 LOCATION STREET	CITY OR	
21 is m	sow the deceased alive or	ital) attended the deceased from	V	9 <u>85</u> , to <u>b778</u> ) opinion deoth occurred on the	, 19, that (1) date and hour and from the causes
# # # # # # # # # # # # # # # # # # #	The SIGNATURE he	1	DEGREE ATTEN	NDING MEDICAL ST	AFF SICIAN   22c. DATE SIGNE  96/28
	22d. PHYSICIAN'S NAME (TYPE OF SHOHREH TA		GBMC 67	01 N. CHARLES	ST. TOWSON MD 212
730	BURIAL CREMATION REMOVAL		NAME OF CEMETERY OF CREA	AATORY 734 LOCATION	

ION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [ NITEM IS PART I OR PART 21 COUNTY STATE that (I) (we) lost and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS GBMC 6701 N. CHARLES ST. TOWSON MD 21204 SHOHREH TAAVONI 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236. DATE Emporia Virginia Burial 7-4-86 Emporia Virginia 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE. 24. FUNERAL DIRECTOR 1913 W. Balto. St Brown/Thompson F.H.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

26 HOUR

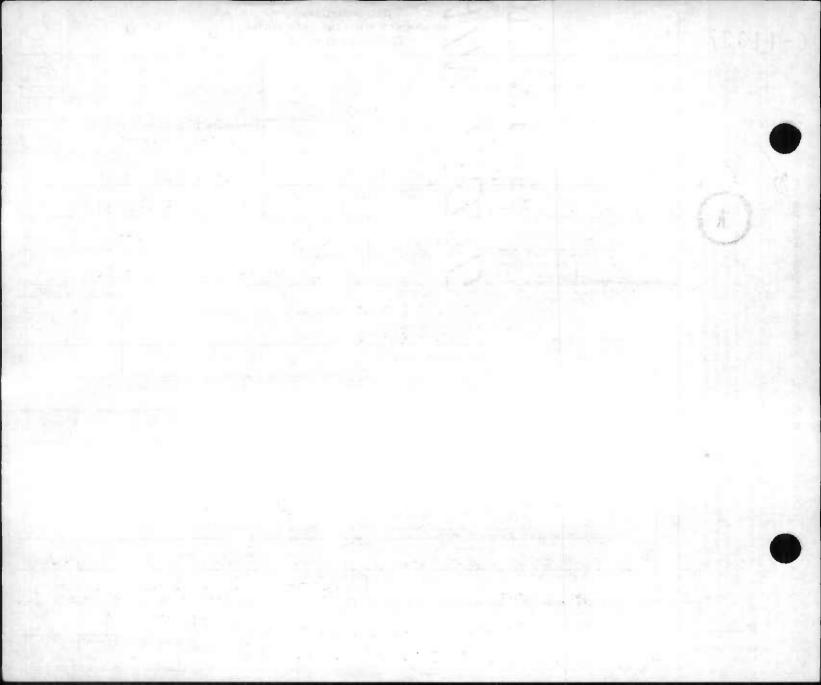
126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

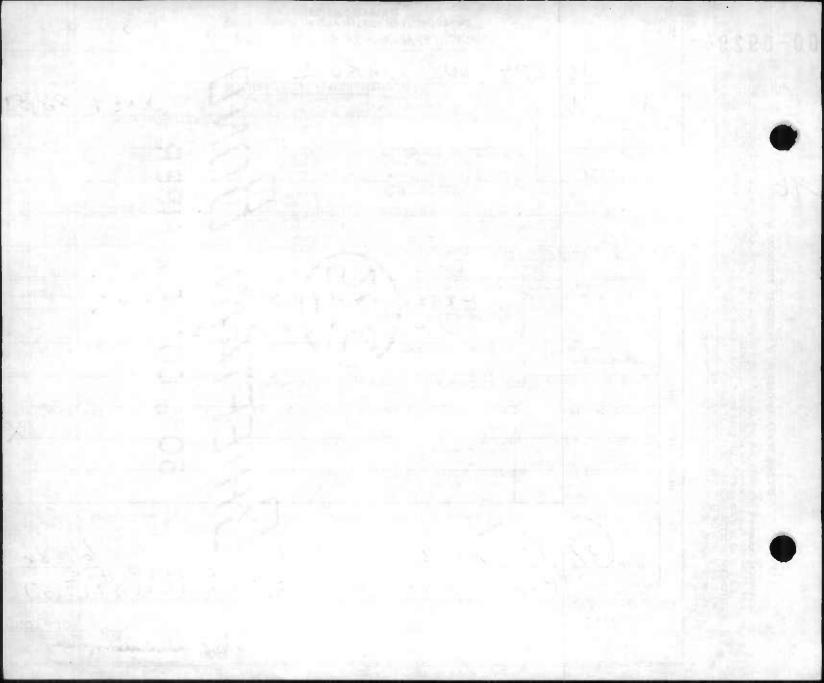
IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

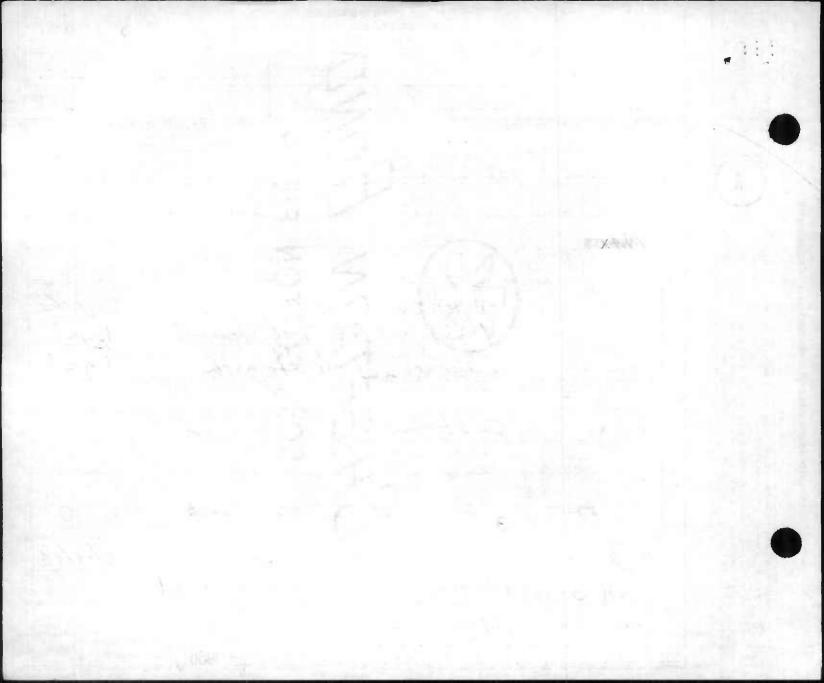


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE KNOWN [ (TYPE OR PRINT) OF ESTI-IN DEATH MATED 1. SEX 4 RACE 6. AGE (IN YEARS HOUR IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 64 Ja BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Marvland WIDOWED BR DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital Rossville Retired- GM 13h COUNTY 13e. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. 435 S.52nd Street 21224 Balto 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST Joseph Mroz Eva Gulczynski 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) I LIE YES GIVE WAR OR DATES) WW1] 215-12-2975Richard ves Mroz 5116 Elder Rd. 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), ERIUSCLEROTIL CARDIU PARTIDEATH WAS CAUSED BY CONSEQUENCE OF LULAR DUSEASE DUE TO, OR AS A Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ED AS A BURIAL HEALTH AND M AL CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THIS CERTIFIC WORD
RWARDED TO THE CHE
R PAGE 3 SHOULD BE U
THE DEPARTMENT OF 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 214 INJURY OCCURRED 71f LOCATION STREET, FACTORY, FARM ETC 1 WHILE NOT WHILE CITY OR TOWN COUNTY STATE WITH THE S 27a. I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from Undetermined monner Accident EXECUTE THE C PAGE 4 SHOU TO FUNERAL OF AFTER DEATH, EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 6/12/86 Oak Lawn Cemetery Baltimore Maryland 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Connelly Funeral Home 300MaceAve. (VR A15 ME (5))

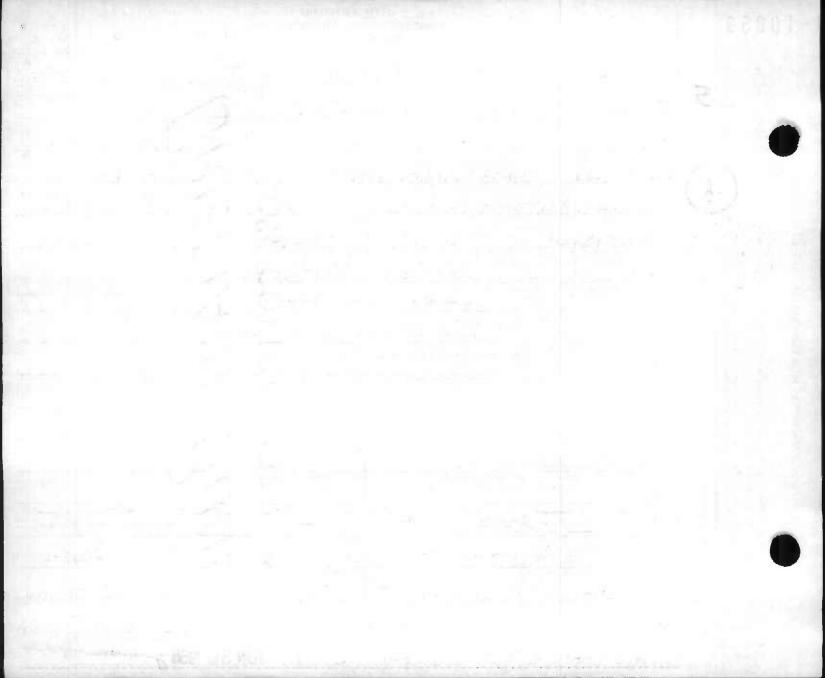


DHMH - 16 60M 7/B (VRA 15, 4)

1						STATE	OF MARYLA	IND						,
	1 -	FOR STATE			DEPART			MENTAL HYGI	IENE 8	6	1	6	6	1
		REGISTRAR		0			ICATE OF D	EATH		REG. NO				
		CEASED NAME OR PRINT)	LOUIS		NIDDLE		MESCED			OF DEATH A		1650	Zh HOU	
			LOGIS				MUSER			UNE 25			3:10	
	1.58)	MALE		4 RACE	CASIAN	5. DATE O	E 25°,	1 በ ለተልዩ	6 AGE (I	7 O	HDAY) IF	UNDER I YEAR	IF UNDER	24 HRS MIN.
6	9						. 45,	1900		79	YRS.			
9		RTHPLACE (STATE OR I			WHAT COUNTRY?	MARRIE	NEVER A	AARRIED -		ORE CITY OR				
1	1	ITY OR TOWN OF DEA			OSPITAL, NURSI	WIDOWE	- house	ORCED []		LOCCUPATION			DE BUISTO 15	MD.
0		PIKESVIL		PIKES	SVILLE N			IIUIION	TYPE OF W	ORK FOR MOST OF		126 KIND C INDUSTRY SEI	RVICE	
21		AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFOR		13d INSIDE C	ITY LIMITS?	13e STREE	T ADDRESS /	ZIP CODE		STATI	ON
5		MD	BALT		RANDAL				2 AL	BESS C'	T. APT	104	(2113	3)
11	M. FA	ATHER'S NAME		MIDDLE	LAST			MAIDEN NAA	ME	MIDDLE		1.4	61	
H)	/	MAX	1		MUSCHI	TZER		ERTHA		7110012	SHM	1AGIN		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.		NT DANI		JSER DDRES	S			
		NO			053-03	4790	9018	BRUNO R	ED F	RANDALL	STOWN,	MD 2	1133	
		18 CAUSE OF DEAT	H (Enter or	ly ane cause per	for ion, (o) fi	id (c)/	01	1				BETWEEN	ONSET AND	DEATH
	1.	PART I. DEATH W		TE CAUSE (a)	report	zeno	e ta	Mu				6 W	rcel	4
				DUE TO, O	MA JONSEDU	ENCE OF /	11.	01	001			11	7	
		Canditions, if any,	, which	(b)_/	Ryanta	TICH	alno	a 07	010	mach		1/2	p.	
		gave rise ta imr cause (a), statin	ig the	DUE TO, OF	AZA CONSEQU	ENCE OF	111	111		1		1		7
		underlying cause	last.	(c)	arcen	owa	01 17	e ste	ma	ch		1 4	12	•
4	2	PART 2 OTHER SIGN	VIFICANT	CONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISE	ASE OR COND	ITION GIVE	N IN PART I	а	
-	YION.		1000	Tin couls	10.115051111116		Thurs or ne o		Too	TORCUS	nau as Mess	WERE EN IO	100	
1	FICAY	19a DATE OF OPERA		196 CONDI	TION FOR WHICH	MARIO	WAS PERFO	RMED	20a AU	ITOPSY?	JN CERTIFY	WERE FINDI	S OF DEAT	H?
	CERTI	10-11- 85		7 21b. TIME OI		- vac	Tale HOW/IN	ILIDY OCCUPE	YES [	, ,	YES	<u> </u>	NO [	]
1	0 7	OR CONTRIBUTING		110000	M. MONTH D	AY YEAR	ZIT HOW IN	JURY OCCURR	CED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	IT I OR PART 2)		
	CA	(IF EITHER NOTIFY MEDI-				19	21f LOCATIO	\A.I						
	MEE	ZIG INJURY OCCUR		21e PLACE C	DE INJURY SET FACTORY OFFICE	FARM, ETC )	STREET	714		CITY OR TOW	/N	COUNTY	51	TATE
	-13	HI HOME	RK			5.10		7/		1 25		86		
		saw the decease	ed alive an		19	\$ 6 . an	d that in my	aur) apinian d	death accu	rred an the dat	te and haur o			we) last ated
		4 /001	and	Boto	-	2	DEGREE	TTENDING A	MEDICA	L STAFF		22c DATE	SIGNED	6
1		224 PHISH JAN'S N	AME LIVEE	IR PRINT)			22e. ADDRES		DIRECTO	OR   PHYSICI	ANL	10/2	3/1	0
		VH.	Ger	rald C	sten		363	rold	10	NA 1	20			
	77a B	BURIAL, CREMATION,	REMOVAL				EMETERY OR		(	CATION ITY OR TOWN		COUNTY	51	TATE
		KRMX BUR		6/26/			srael d	emeter		LTIMORI	E	MA	ARYLAI	ND
	100	UNERAL DIRECTOR			DNE BROS					Y REGISTRAR 2	56_REGISTRA	AR'S SIGNAT	TURE	سان
	60	10 REISTER	STOWN	RD. BAI	TIMORE, N	MARYLA	ND 2121	5 1	111	- 1986	1	W/WOO!		



10859	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	6 1 6 2
e executed within 24 hours only stead to pose 4 may be nond complete within 24 hours only entered director, page 3 Pages, hand 2 mod be filler within 72 hours offer death medical execution.	3. SE 81	AL RESIDENCE (IF NURSING HOME OR STATE)  AL RESIDENCE (IF NURSING HOME OR STATE)  ALTER'S NAME  PIRST  ALTER'S NAME  ALTER'S NAME	(IF NOT IN SUCH FACILITY, GIVE STR  3 3 3 W OTHER INSTITUTION, GIVE RESIDENCE BEF  TY  MIDDLE  MED FORCES? 16b. SOCIAL SE  WAR OR DATES)	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION EET ADDRESS) ORE ADMISSION 13d. INSIDE CITY LIMIT YES NOTHER'S MAIDEI FIRST CURITY NO. 17 INFORMANT	9 BALTIMORE CITY OR COUNTY  120 USUAL OCCUPATION  120 USUAL OCCUPA	126 KIND OF BUSINESS OR INDUSTRY  C+P TEL-CO.  DE 21234
ECORDS, 201 W. PRESTON ST., BALTI ow requires that the death certificate been signed by the attending physician mit. Then please remove carbon papers, prior to burial, cremation, or removal. ony injury, or other troumatic event, the	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO	DULMONARY ARAGE DULMOLE OF LOCAL CARLADARA OF DULMOLE OF	TERMINAL DISEASE OR CONDITION OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  JOHN J  SIVEN IN PART 110  (ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
OIVISION OF VITAL RE TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retorned by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene p MAPORTANT: If Hem 21 is marked or item 18 shows	MEDICAL	226. SIGNATURE  726. PHYSICIAN'S NAME (TYPE OF OR. CHARLS S	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFR  20 June 19  1) view the body after death.	DAY YEAR 19 211 LOCATION STREET  DEFARM, ETC.)  211 LOCATION STREET  DEFARM, ETC.)  PHYSICI.  22e. ADDRESS	VES NO CURRED (ENTER NATURE OF INJURY IN ITEM I  CITY OR TOWN  To JUNE 23  Initian death accurred an the date and h  NG MEDICAL STAFF  AN DIRECTOR PHYSICIAN C	YES NO
BP DHMH - 16 60M 7/84 (VRA 15, 4)	5	BURIAL CREMATION, REMOVAL (SPECIFY) UNERAL DIRECTOR NAME VANS CHAPELO	23b. DATE 23 6-26-1986 2 25-26-1986 2 27-26-1986 2 28-26-1986 2 28-	ARKWOOD 156	PARK VILLS	BALTO MARY AND ISTRAR'S SIGNATURE The Day Committee Comm



					STATE OF A	ARYLAND				
09604		FOR STATE REGISTRAR			CERTIFICAT	E OF DEATH	REG I		6	6 3
poge 3 C		OR PRINT)	SON	MIDDLE	m yes	2.5	20 DATE OF DEATH	5/8E	5.	1619 M
rector. po	3 SE	MALE	CAU		5. DATE OF BIRT	H DAY YEAR	6 AGE (IN YEARS LAST 6	9 YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
perol di		RTHPLACE (STATE OR FOREIGN COUNTRY)  TY OR TOWN OF DEATH		USA	MARRIED WIDOWED	DIVORCED [	Baltimore city	ine co	thuc	Y MD.
125	RK	NDA1/stown	1 BALT		SUNTX C	ENECAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST RET-1-R-E		IZE KIND OF INDUSTRY	OTORS
should be	130 5	MD 3	ME OR OTHER INSTITUTION OUNTY	ON GIVE RESIDENCE BEFO 134 CITY OR TO	STOWN YES		130 STREET ADDRESS		N RD.	21136
omplete		THER'S NAME FIRST		ERS LAST		OTHER'S MAIDEN NA	E E.	MARSH	LAST	
Poges medic		VAS DECEASED EVER IN U.: VES, NO OR UNKNOWN) (IF YI	S. ÅRMED FORCES ES. GIVE WAR OR DATES	,		WILLIA	M W. MYE		NKSBU	
g physicion on popers: emovol. event, the		18 CAUSE OF DEATH IENT PART I. DEATH WAS CA	ter only one cause ( AUSED BY: EDIATE CAUSE (a)	VentRicul	-7 1	rillatio	1		30.	MATE INTERVAL DISET AND DEATH
the attending remove corb emotion, or r er troumotic		Conditions, if any, which	th ( 1b)	MYD CA		Enfanexic	h		80	laup
× 0 5 £		gave rise to immediate couse (a), stating the underlying cause last	DUE TO	OR AS A CONSEQU	ENCE OF					
signe hen p o bui jury.	NOIL	PART 2 OTHER SIGNIFICA	ant conditions	CONTRIBUTING TO	DEATH BUT NOT	PELATED TO THE TERM				
nst permit. Ti	CERTIFICATION	190 DATE OF OPERATION		NDITION FOR WHIC			200 AŬTOPŜY? YES □ NO	TN CERTIFYI YES		IGS USED OF DEATH? NO
certificate by problems the central Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR	E OF INJURY A.M. MONTH ( P.M.	DAY YEAR		RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	T OR PART 2)	
fter this os the bu th and M arked or	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	] (AT HOME	STREET FACTORY, OFFICE	FARM ETC )	OCATION STREET	1 90 YII)		COUNTY	STATE
DIRECTOR, A sched for use Dept. of Heoliften 21 is mu		220.1 certify that (1) this saw the leceased almost (1) (we) and (d	haspitol) ottended ve an 6 - 1 lid nati view the bo	the deceosed from		in (my) (our) apinion	death accorded on the			that (It (we) last causes stated
		22b SGNATURE	Jaher	(M)	DEGRE	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	6.15	5-86
should be dere with the Store IMPORTANT:		22d. PHYSICIAN'S NIME"	HABE	1 mi	) 22e	249	MAIN S	T Re	risters1	oun (41)
should b	23a E	URIAL, CREMATION, REMO	OVAL 23b DATE	230	NAME OF CEMETE	RY OR CREMATORY	23d LOCATION CITY OF JOWN		COUNTY M.	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY JUNE 18,86 LAKE VIEW MEMORIAL

SYKESVILLE, MD.

BURIAL 24 FUNERAL DIRECTOR REISTERSTOWN, MD. ELINE FUNERAL HOME

Like Davidson Handalles

-ALTO. UDA 2012E HILLIAM H. PYERS SAGIE L. TANSH No TREET WEEKS HERSBURG, MO. English of the control of the contro

SUBLIAL JUNE 10, DE LAND VIEW GENORIAL SYKESVILLE, NO.

SETTRED DENTERAL POTORS

LLINE FUNCHAL DOME CLETCHTOWN, P. ..

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

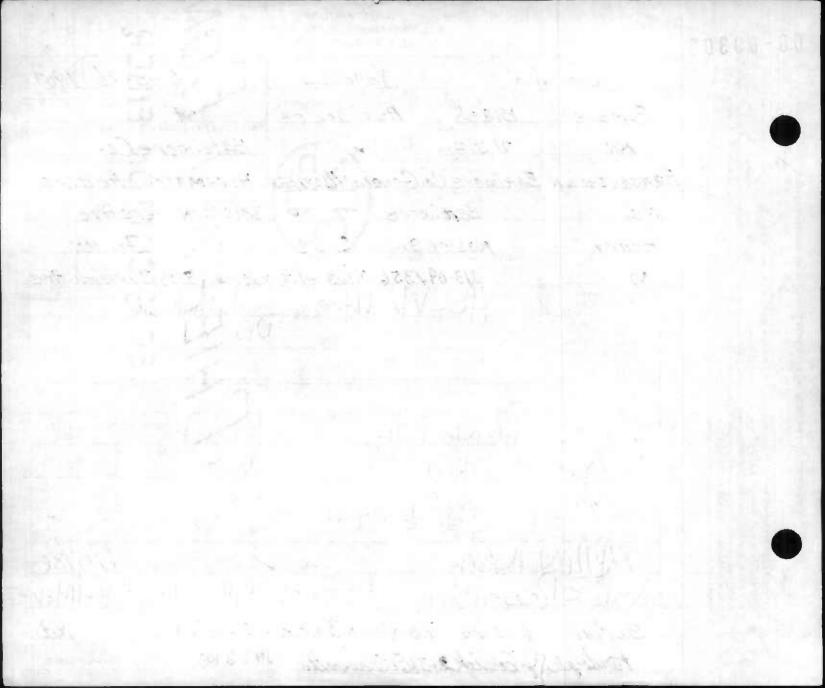
OR CREMATORY

COUNTY

TRADE.

26 HOUR

INDUSTRY

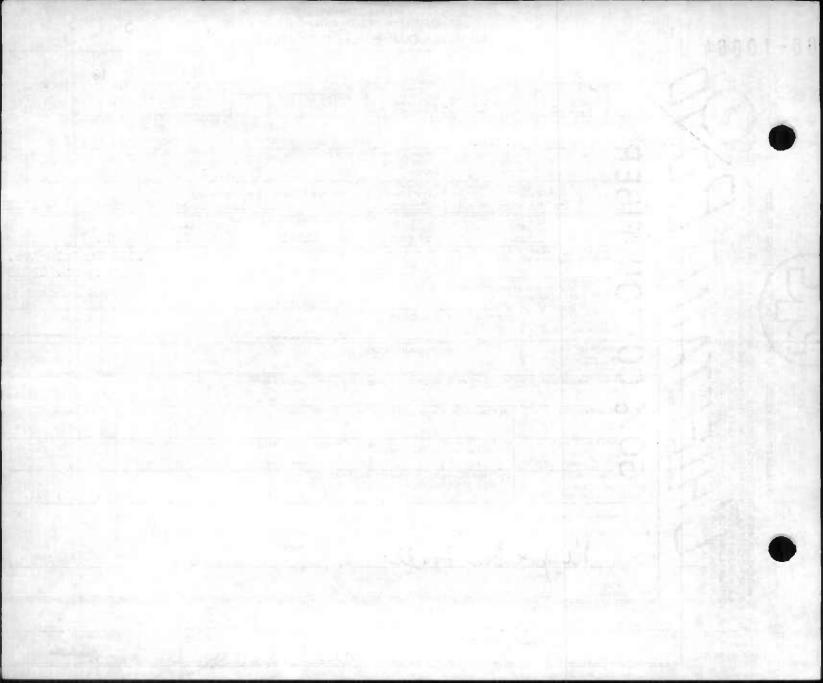


Dundalk, Maryland

21222

(VR A15 ME (5))

7922 Wise Avenue



		FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HY	REG. NO.	1 6	0 0
- 1		EASED NAME	FIRST		MIDDLE		IA51	20. DATE OF DEATH MONTH		R 26 HOUR
- /	2-5E)		rinia	W. Ne	stor	Ts DATE (	DE DIDTH	June 23 198	86 IF UNDER TY	EAR IF UNDER 24 HRS
1	1		ľ			MONT	DAY YEAR			AYS HOURS MIN.
90		THPLACE (STATE OF	FOREIGN 71	Cauçasi	WHAT COUNTRY?		ber 8 1899	86 y	INTY OF DEATH	1
0	C	ountry) orida		USA		MARRIE	D NEVER MARRIED .	Baltimore Count		
3	il cr	ry OR TOWN OF DE	ATH 1	I. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET	NG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	12b KIN	ID OF BUSINESS OR
3	134 5	RESIDENCE IF NO TATE ryland	136 COUNT Baltim	THER INSTITUTION		RE ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP (		21207
2	Jo	thers hame hn Lewis Wi	lliams	IDDLE	tast		15. MOTHER'S MAIDEN N FIRST Gertrude Dol	AME MIDDLE		IAST
1		(AS DECEASED EVE ES, NO OR UNKNOWN)	R IN U.S. ARM		260-18-7		720 Camberle	G. Roth  ADDRESS  By Cir Apt B4 Towso	n	21204 Maryland
1		II CAUSE OF DEA	TH (Enter anly	one cause pe	er line for (a), (b), an	nd ic .			BETW	ROXIMATE INTERVAL
	H	Conditions, if on gove rise to im couse (0), state underlying caus	mediate ing the	)	OR AS A CONSEOU		icule m	王,		
	NO	gove rise to in couse (0), state underlying caus	imediate ing the e last	DUE TO, C	DR AS A CONSEOU	ENCE OF		MINAL DISEASE OR CONDITION	N GIVEN IN PAR	T Ira
9	THECATION	gove rise to in couse (0), state underlying caus	imediate ing the e last SNIFICANT CO	DUE TO, C	DR AS A CONSEOU	DEATH BUT		MINAL DISEASE OR CONDITION  280 AUTOPSY? 70b. 1	N GIVEN IN PAR  IF YES, WERE FIN  ERT IF YING CAU  YES	NDINGS USED
7	~	gove rise to im couse (o), state underlying caus	IMEDIATE  ATION  ADERLYING   CAUSE OF DEATH	DUE TO, C	OR AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION  280 AUTOPSY?  200 IN C	IF YES, WERE FIN CERTIFYING CAU YES []	NDINGS USED SES OF DEATH? NO
7	CAL	gove rise to im couse 101, state underlying cause 101, state underlying cause PART 2 OTHER SIG	Imediate in the last the last in the last	DUE TO, C  (c)  DIDITIONS C  19b CONE  21b TIME C HOUR A P 21e PLACE	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY L.M., MONTH D	DEATH BUT H OPERATIONAL YEAR	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION  200 AUTOPSY?  YES   NO	IF YES, WERE FIN CERTIFYING CAU YES []	NDINGS USED SES OF DEATH? NO
999		gove rise to im couse 101, state underlying cause 101, state underlying cause PART 2 OTHER SIG	IMPEDIATE CONTROL OF THE PROPERTY OF THE PROPE	DUE TO, C  (c)  DINDITIONS C  19b CONE  21b TIME C HOUR A P  21e PLACE (AT HOME SI	OR AS A CONSEQUE ONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. M.M. COF INJURY REEL FACTORY, OFFICE IN the deceosed from	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TER  N WAS PERFORMED  21c HOW INJURY OCCU  21f LOCATION  STREET  19  and that in (my) (our) apinion  DEGREE  ATTENDING	MINAL DISEASE OR CONDITION  280 AUTOPSY? YES NO NO  RRED (ENTER NATURE OF INJURY IN ITE  CITY OR TOWN  10 4 2 3  A death occurred an the date and	IF YES, WERE FIN LERT IF YING CAU YES COUNTY COUNTY 19	NDINGS USED SES OF DEATH? NO
79	WEDICAL 23e. B	gove rise to im couse 101, stati underlying cause 101, stati underlying cause 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUPANCE NOTIFY ALT WILL 22a.] certify that (I sow the decea above, (I) (we) 27b. SIGNATURE	IMPEDIATE CONTROL OF THE PROPERTY IN CONTROL OF THE PROPERTY IN CAUSE OF DEATH OF THE PROPERTY IN CAUSE OF THE PROPERTY	DUE TO, C  (c)  DINDITIONS C  19b CONE  21b TIME C HOUR A P  21e PLACE (AT HOME SI	OR AS A CONSEQUE ONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. M.M. GOF INJURY GREET FACTORY, OFFICE IN THE OFFI I	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  21c HOW INJURY OCCU  21f LOCATION STREET  19  21d that in (my) (our) apinio  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MINAL DISEASE OR CONDITION  280 AUTOPSY? YES NO	IF YES, WERE FINE CAU YES	NDINGS USED SES OF DEATH? NO    STATE  , that (h) (we) las the causes stated

LINE SHOLL OF LOSS. C1-11-0

Office of productions indicated and

The state of the s

	OF ESTI-		6	0 86	AA
HRS.	2c DATE	MONTH	DAY	9 86 YEAR	2d HOUR
MIN	PRONOUNCED DE AD	6-2	26	19 86	6:05 p.m
	9 BALTIMORE CITY	OR COUNT	Y OF D	EATH	
		Cour	ity,		MD.
20 US	MAL OCCUPATION (TYLE)	PE OF WORK	12b. KIN	D OF BUS	INESS
	l Estate Bi	roker			
	EET ADDRESS				
35	11 Fox Cli	ffe C	r	2113	3
NAME	MIDDLE		L	AST	
				nry	
iff	Anne C.ADWER e Ct. Rand	holse	nown	, MD.	21133
			APP	ROXIMATE	INTERVAL
ar I	Disease &		BETWI	EEN ONSET	AND DEATH
v D	isease				novel 1
		- W 1.3			Heart
	LATTE I				
1 (0)					
_			20 AL	JTOPSY?	
			Y	s 🗆	NO X
ENTER	NATURE OF INJURY IN ITEM 18	PART I OR PAR	_		
					- 200
	CITY OR TOWN	cou	PTMI		STATE
XX.					
		nd in my op	Inian		176
Undet	ermined manner,				
		DATE	6-	28-86	5
_ MED	ICAL EXAMINER	SIGNE	D	20 00	
	St., Balto	)., Mc	1.	21201	
23d. LC	OCATION OR TOWN	COUN	ity .	TE STA	TE
//nn	02117.1.1.0	Fauq	urer	, NIL	ginia
C'D. BY	REGISTRAR 256 REG	ISTRAR'S S	GNATU	St. Astron	
() C	1986				11

BP 07/84 **DHMH - 17** (VR A15 ME (5))

Burial

230 BURIAL, CREMATION, REMOVAL 236, DATE

EXAMINER'S NAME

death resulted from

6/28/86

Dennis F. Smyth.

234. NAME OF CEMETERY OR CREMATORY Upperville Cemetery

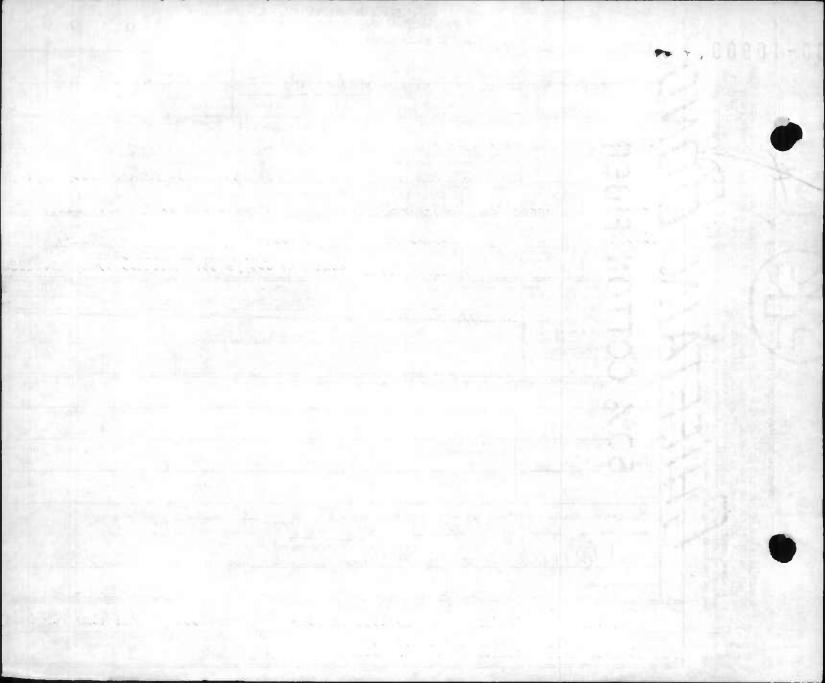
Homicide

TITLE (SPECIFY) Assistant

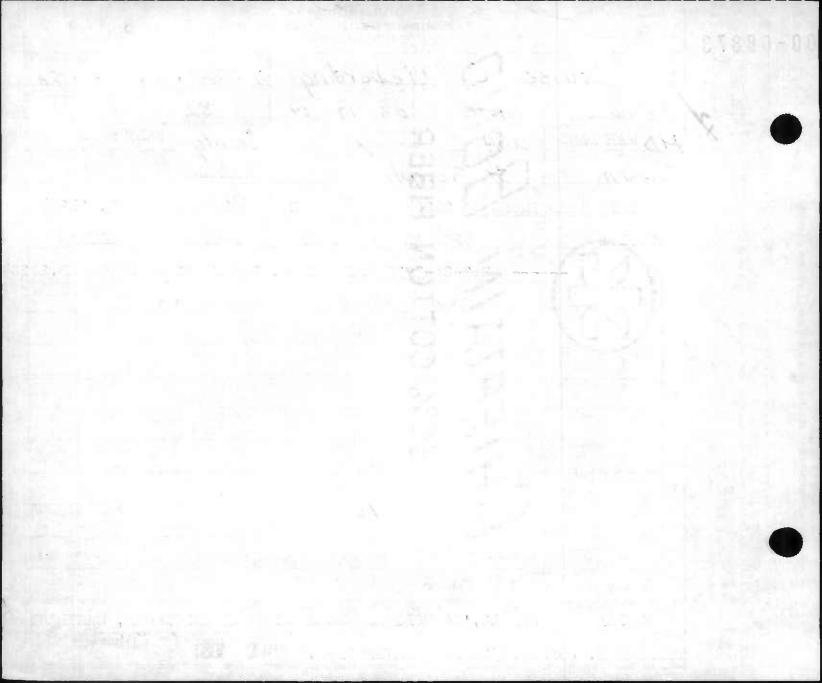
> 23d. LOCATI Upperv

111 Penn St

Byers Funeral Randallstown,



- 1			STAT	E OF MARYLAND		
3	1 -	FOR STATE REGISTRAR		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	6 1 6 9
		CEASED NAME FIRST	MIDDLE	AST AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Louise	e c Nied	perding	JUNE 9, 198	IF UNDER 1 YEAR IF UNDER 24 HRS
	3 SEX	Forda !	MONT		~ -	MONTHS DAYS HOURS MIN.
2	Zo. BI	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	17 04	82 YRS	OF DEATH
5	Li	MARYLAND	USA MARRIE	D NEVER MARRIED DIVORCED	Countra BAI	LTIMORE
0	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (	ON OTHER INSTITUTION	126 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Ŏ		wson	St. Joseph		HOMEMAKER	HOME
5	130 S	TATE 136 COUNTY ARYLAND BALTI		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 8602 DRUMWOOI	D RD. 21k204
A		THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
0		CHARLES	DECKWAR	MARIE	LOUISE	HARTMAN
1	()	(AS DECEASED EVER IN U.S. ARME ES NO OR UNKNOWN)		CLIFFORD A.	PARKS8602 DRI	IMWOOD RD.212
1			one cause per line for (a), (b), and (c)	DESTITUTE III	1110100000 211	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED B		USCULAR	ACCIDENT	
			DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if any, which gave rise to immediate	(b)			
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART I I O
	O					
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES	YING CAUSES OF DEATH?
	RTIF	AL ACCIDENT WAS INVESTIGATION FOR	AN THAT OF INTURY	Tal- How Bulling occupy		S NO NO
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ANT T OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 196	21f LOCATION		
-1	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		226.1 certify that (I) (this hospital)	Girenaca the detected from	3-86,19		19 8 6 that (I) (we) last
		sow the deceosed alive an_ above, (1) (we) (did) (did not) v	iew the body after death.	nd that in (my) (our) opinion	death occurred on the date and hou	
		27b. SIGNATURE	· · · · · · · · · · · · · · · · · · ·	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
-		224 PHYSICIAN'S NAME (TYPE OR PR	500 / P		DIRECTOR PHYSICIAN	6-9-36.
		RUPAK C		THE ADDRESS		
	23a B			EMETERY OR CREMATORY REDEEMER CEN	23d LOCATION METERY BALTIMO	RE MARYLAND
3.4	24 Ft	INERAL DIRECTOR		25a DAT	E REC'D. BY REGISTRAR 256 REGIST	347 11.00
	WI	LLTAM E. JOHNS	SON8521 LÖCH RAVI	EN BLVD. JU	H 9 1985	
	_		<del></del>			



5

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NA	AR			CEKIII	ICATE OF DEATH	REG. NO	)		
TYPE OR PRINT)	AME FIRST		MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
THE OWNERS OF	MYRT	LE	VIOLA		NOE	6	-9-10	286	1620
SEX		4 RACE		5. DATE (		6 AGE IN YEARS LAST BIRT	(HDAY) IF U	NDER I YEAR	IF UNDER 24 HI
FEM	ALE	1000	WHITE	1		83	YRS	DATS	HOURS M
BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN C	OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	lvania		S.A.	WIDOWI	DIVORCED	Baltimo	ore Cour	nty	
CITY OR TOV	VN OF DEATH		OF HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATE		126 KIND O	F BUSINESS
	11stown	Balt	timore Cou	nty G	en. Hosp.	Cafeteria			pers Co
JSUAL RESIDEN 30 STATE	ICE (IF NURSING HOME C	OR OTHER INSTITUTE JNTY	IN GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
Maryla	nd A.	Α.	Pasaden	a	YES NO X	671 210th		2112	22
FATHER'S NA		WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	,
Jo	hn			Корр	Grace	11110000			cench
WAS DECEA	SED EVER IN U.S. A	RMED FORCES	? 166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
	0	AL WAN ON DATES	218-12-	6111	Jean Engel:	322 Royer Ro	oad 211	157	
18 CAUSE	OF DEATH (Enter of DEATH WAS CAUS	only one couse p	per line far (o), (b), ar	nd IC!				BETWEEN	MATE INTERVAL
	IMMED!	ATE CAUSE (0)	GCO DI	CLC	Cerryst.				
DART 2 C									
	THER SIGNIFICANT		CONTRIBUTING TO		NOT RELATED TO THE TERM	NINAL DISEASE OR CONL	20b. IF YES, W	ERE FINDIN	NGS USED
	OF OPERATION	196. COM	ndition for which		IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED
190 DATE (	DF OPERATION  ENT WAS UNDERLYING   BUTING   CAUSE OF DI	196. CON	E OF INJURY  A.M. MONTH D	OPERATION		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED OF DEATH?
190 DATE (	OF OPERATION	19b. CON  21b. TIME HOUR ER)  21e. PLAC	NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY	OPERATION OF THE PROPERTY OF T	216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	206. IF YES, WIN CERTIFYIN YES TO YIN ITEM 18 PART I	ERE FINDING CAUSES	NGS USED OF DEATH? NO
190 DATE ( 210. ACCIDIO OR CONTRI (IF EITHER 21d. INJUR	OF OPERATION  INT WAS UNDERLYING OUTING CAUSE OF DINOTIFY MEDICAL EXAMINITY OCCURRED	19b. CON  21b. TIME HOUR ER)  21e. PLAC	EOFINJURY A.M. MONTH D P.M.	OPERATION OF THE PROPERTY OF T	21c. HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN YES TO YIN ITEM 18 PART I	ERE FINDING CAUSES	NGS USED OF DEATH?
21a. ACCIDIO OR CONTRIII (IF EITHER 21d. INJUR 21d. INJUR AT WORK	OF OPERATION  ENT WAS UNDERLYING   BUTING   CAUSE OF DI NOTIFY MEDICAL EXAMIN  Y OCCURRED  NOT WHILE   AT WORK	21b. TIME HOUR ER) 21c. PLAC (AT HOME	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE.	H OPERATION  DAY YEAR  19  FARM. ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO	206. IF YES, WIN CERTIFYIN YES TO THE TOTAL TH	COUNTY	NGS USED OF DEATH? NO STATE
190 DATE ( 190 DATE ( 210. ACCIDI OR CONTRIL (FEITHER 21d. IN JUR AT WORK 220.1 certi sow 1	OF OPERATION  INT WAS UNDERLYING   BUTING   CAUSE OF DI NOTIFY MEDICAL EXAMINI Y OCCURRED  NOT WHILE   AT WORK  fy that (1) (this hoss he deceased alive o	19b. CON LEATH HOUR RR) 21b. TIME HOUR (AT HOME	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.	H OPERATION  DAY YEAR  19  FARM. ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO	206. IF YES, WIN CERTIFYIN YES TO THE TOTAL TH	COUNTY	NGS USED OF DEATH? NO STAT
190 DATE ( 190 DATE ( 210. ACCIDI OR CONTRIL (FEITHER 21d. IN JUR AT WORK 220.1 certi sow 1	DF OPERATION  INT WAS UNDERLYING   BUTING   CAUSE OF DI NOTIFY MEDICAL EXAMINI  Y OCCURRED  NOT WHILE   AT WORK  Fy that (1) (this hosy he deceosed alive o , (1) (we) Lidid ) (did n	19b. CON LEATH HOUR RR) 21b. TIME HOUR (AT HOME	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.	H OPERATION  PAY YEAR  19  FARM. ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO	206. IF YES, WIN CERTIFYIN YES TO THE TOTAL TH	COUNTY	NGS USED OF DEATH! NO STAI
The DATE of The Control of the Contr	DF OPERATION  INT WAS UNDERLYING   BUTING   CAUSE OF DI NOTIFY MEDICAL EXAMINI  Y OCCURRED  NOT WHILE   AT WORK  Fy that (1) (this hosy he deceosed alive o , (1) (we) Lidid ) (did n	19b. CON LEATH HOUR RR) 21b. TIME HOUR (AT HOME	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.	H OPERATION  PAY YEAR  19  FARM. ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET  19 19 10 11 11 12 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:  death accurred on the da	206. IF YES, WIN CERTIFYIN YES TO THE PART I	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH! NO STAT
210. ACCIDION OR CONTRIL (FEITHER 21d. IN JUR WHILE AT WORK 220. I certit sow 1 stow 220. Sign.)	DF OPERATION  INT WAS UNDERLYING   BUTING   CAUSE OF DI NOTIFY MEDICAL EXAMINI  Y OCCURRED  NOT WHILE   AT WORK  Fy that (1) (this hosy he deceosed alive o , (1) (we) Lidid ) (did n	21b. TIME EATH HOUR  21e. PLAC (AT HOME not) view the bo	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.	H OPERATION  PAY YEAR  19  FARM. ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET  19 7 19 7 19 7 19 7 19 7 19 7 19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:  2. to 7 9  death accurred on the do	206. IF YES, WIN CERTIFYIN YES TO THE PART I	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO STAT
216. ACCIDION OR CONTRIL (FEITHER 21d. INJUR WHILE AT WORK 22b. SIGN. 22d. PHT51	DF OPERATION  INT WAS UNDERLYING BUTING CAUSE OF DI NOTIFY MEDICAL EXAMINITY OCCURRED  NOT WHILE AT WORK AT WORK  Fy that host he deceased alive o to, (1) (we) (did) (did in ATURE	21b. TIME EATH HOUR (AT HOME not) view the bo	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.	H OPERATION  PAY YEAR  19  FARM. ETC.)	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216 LOCATION STREET  9 19 9  nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	Z00 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:  2. to 7 G  death accurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	206. IF YES, WIN CERTIFYIN YES TO THE TOTAL THE T	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO STATE that (II (we)
21a. ACCIDION OR CONTRIL OR CONTRI	DF OPERATION  INT WAS UNDERLYING  BUTING CAUSE OF DI  NOTIFY MEDICAL EXAMINI  Y OCCURRED  NOT WHILE AT WORK  Fy that (1) (this hosy he deceased alive o  , (1) (we) I did in  ATURE	21b. TIME HOUR EATH 21b. TIME HOUR (AT HOME (IN) Offended (IN) OFFENDT)  CR PRINT)	NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.  the deceosed from g l9 dy ofter death.	HOPERATION YEAR 19 FARM, ETC)  G  M. D	211 LOCATION STREET  211 LOCATION STREET  19 30  nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TOWN  AMEDICAL STAF  DIRECTOR PHYSIC  [23d LOCATION	206. IF YES, WIN CERTIFYIN YES TO THE TOTAL THE T	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO  STATE that (II (we) couses state SIGNED  C1 = 8
190 DATE OF THE PROPERTY OF TH	DE OPERATION  ENT WAS UNDERLYING  BUTING CAUSE OF DI  NOTIFY MEDICAL EXAMINI  Y OCCURRED  NOT WHILE AT WORK  Fy that (1) (this has he deceased alive o h, (1) (we) (did) (did n  ATURE	21b. TIME HOUR EATH 21b. TIME HOUR (AT HOME (IN) Offended (IN) OFFENDT)  CR PRINT)	NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.  The deceosed from 19 ddy ofter death.	HOPERATION 19 FARM. ETC.)  FARM. ETC.)  MAN. D  NAME OF C	211 LOCATION STREET  211 LOCATION STREET  19 30  10 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 27e ADDRESS  BCITTOR	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJUR  CITY OR TOWN  MEDICAL STAF  DIRECTOR PHYSIC  23d LOCATION  E1kridge	TOB. IF YES, WIN CERTIFYIN YES TO THE MINISTER OF THE MINISTER	ERE FINDING CAUSES  COUNTY  COUNTY  220 DATE	STATE  MGS USED  OF DEATH?  NO   STATE  That (In (we)  Couses state  SIGNED  Md.  STATE
216. ACCIDION OR CONTRIL (FEITHER 21d. IN JUR WHILE AT WORK 276. SIGN. 276. PHYS) 36 BURIAL, CRE (SPECE) 4 FUNERAL DIF	DF OPERATION  INT WAS UNDERLYING BUTING CAUSE OF DI NOTIFY MEDICAL EXAMINITY OCCURRED  NOT WHILE ALWORK ALWORK  Fy that (1) (this host he deceased alive o c, (1) (we) (did) (did n ATURE  MATION, REMOVA BURIAL BURIAL	21b. TIME EATH HOUR RER)  21e. PLAC (AT HOME Dittol) offended In	NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.  The deceosed from 19 ddy ofter death.	PARM ETC)  FARM ETC)  MAN OF COMMENT OF COMM	216 HOW INJURY OCCUR  216 LOCATION STREET  19 19 19 10 11 11 12 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	200 AUTOPSY?  YES NO CITY OR TOWN  AMEDICAL STAF  DIRECTOR PHYSIC  [23d LOCATION	TOB. IF YES, WIN CERTIFYIN YES TO THE MINISTER OF THE MINISTER	ERE FINDING CAUSES  COUNTY  COUNTY  220 DATE	STAIL (WE COUSES STORE)  Md. STAIL

DHMH - 16 60M 7/84 (VRA 15, 4)

TTENDING PHYSICIAN: The low

TO HOSPITAL

	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0 -
O HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 had effect and after direct. Toge 4 may be etained by the hospital or attending physician.	08
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in the four formers. page 3 should be detached for use as the burioficians permit. Then please remove corbon papers. Pages Land 2 should be illed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	37

	FOR STATE REGISTRAR			DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		IENE 8 6	1 6	) j	7 1		
	1. DECEASED NAME (TYPE OR PRINT) Wil					Nolan				70 DATE OF DEATH MONTH DAY YEAR 75 HOUR 5:10 A.			
	Male Male	4. F	White			DF BIRTH 4 26° 21° €	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MI			
	70 BIRTHPLACE (STATE OR Pa.		U.S.A		MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED 😿			Baltimore County  Baltimore County			,	MD.	
)	Perry Hal	1 13	33°°Che	le Ci	rother institution cle 212		Engineer		PICAT		Ar		
2	Md.	13b COUNTY Balto	1	give RESIDENCE BEFORE 13c. CITY OR TOWI Baltimor	N	13d. INSIDE CITY LIMITS?		130 STREET ADDRESS / ZIP CODE 133 Chapeltown		21236 e Circle			
>	Joseph		• Nolan			15. MOTHER'S MAIDEN NA		MIDDLE		rpenter			
	(YES, NO OR UNKNOWN) Yes	U.S. ARMEI	AR OR DATES)	166 SOCIAL SECUI		David N	lola	n 133 Cha	SS	21236 towne Circle			
	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ich part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF HYMPICES - ST									AIKOARIA O NASWISA	maté interval NSET AND DEAT	н	
	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE DEATH OF OPERATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED							70b. IF YES,	WERE FINDIN	GS USED		
	710. ACCIDENT WAS UNION OR CONTRIBUTING THE FITHER NOTIFY MEDI THE WHILE NOT WHILE AT WORK AT WO	CAUSE OF DEATH CALEXAMINER) RED	TH HOUR A.M. MONTH DAY YEAR								STATE		
	saw the deceas obove, (!) (we) (. 77b. SIGNATURE	ed alive an	Jan	19 8		DEGREE	ING	, ta	FF		SIGNED		

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

774. PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Issam Cheikh

731. NAME OF CEMETERY OR CREMATORY Stanhope Union Cem.

77e ADDRESS

201 E. University Pkwy.

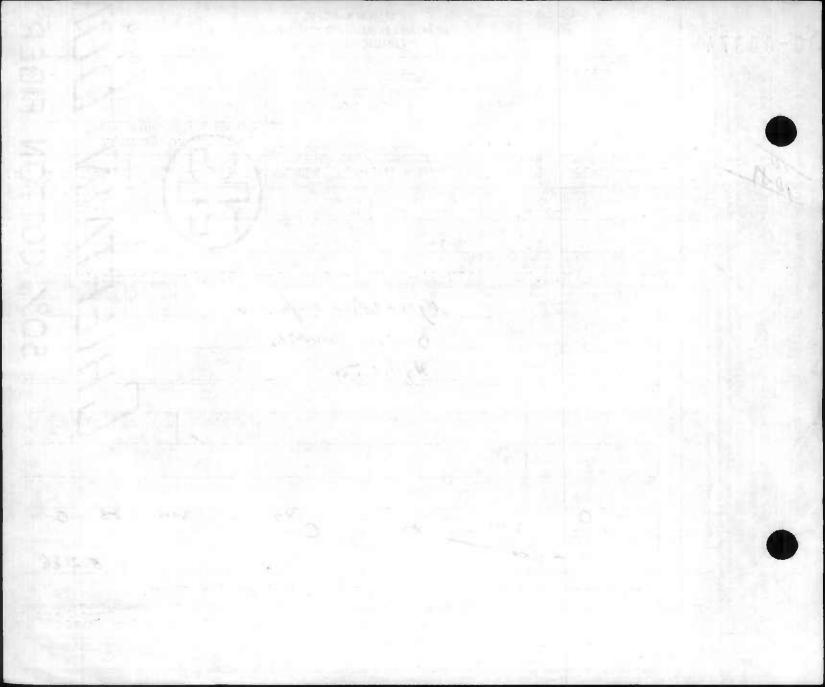
Stanhope Union Sussex Co

74 FUNERAL DIRECTOR 3331 Brehms Lane 21213 Schimunek Funeral Home, Inc.

236. DATE

6-4-86

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DATE OF DEATH MONTH DECEASED NAME MIDDLE (TYPE OR PRINT) Hildred E. NUCKOLS June 27, 1986 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH June 27, 1923 AF White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Buena Vista. Va. Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION There ctor of working LIFE) Franklin Some Hospital Rossville 21237 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 320 Grove thorn Rd. Maryland Middle River 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Clelia Nuckols Clarence 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN) 229 12 2653 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) Metastatic colon carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM ETC ) AT WORK AT WORK 220.1 certify that Mithis hospital) attended the deceased from April saw the deceased alive on June 27 19 86 sow the deceased alive on above, w (we) (did) (did) w the body ofter death. 226. SIGNATURE

21220 M. Niece Geneva L. Nuckols, Wife Same APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY and that in (per (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED Reynaldo Miranda, M.D. 9000 Franklin Square Drive, 21237 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL June 30. 1986 Oak Lawn Cemetery Baltimore Co., Md. Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Home PA 1407 Old Eastern Ave JUN 1986 Graha Davidson Mondale

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

"Auto Mfg.

1:15P M

DHMH - 16 60M 7/84 (VRA 15, 4)

be deto MPORTANT ld b

Dietren Mathema Period

James Mexica

The state of the same of the s

And the state of t

**DHMH-17** 15M 2/BO

(VR A15 ME (5)

ACTUAL

EXAMINER'S NAME

230 BURIAL, CREMATION, REMOVAL 236. DATE

6010 REISTERSTOWN RD.

(TYPE OR PRINT)

BURIAL

JUNE 10,1986

STANLEY FELSENBERG, M.D.

SOL LEVINSON & BRAS., INC.

BALTO., MD

23c, NAME OF CEMETERY OR CREMATORY

23d. LOCATION

BALTIMORE

DATE SIGNED 6/9/86

BALTO., MD

STATE

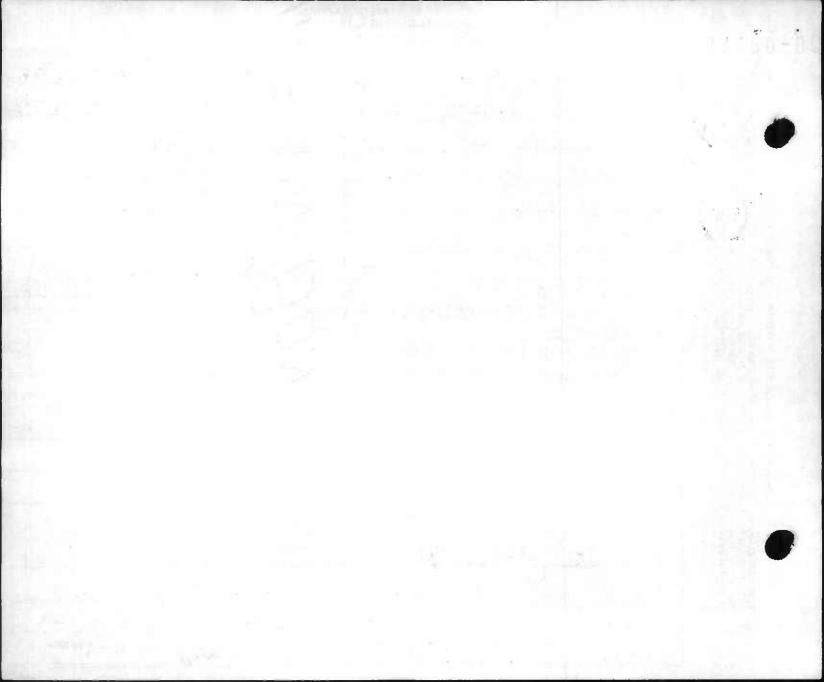
MD

MOSES MONTEFIORE WOODMOOR HEBREW 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

11 E. CHASE ST.

ADDRESS.

Deputy



0 -	111	2.0	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 6	16174	
	ω÷	438	1 DECEASED NAME FIRST		MIDDLE LAST			20 DATE OF DEATH MONTH DAY YEAR 26 HOUR		
by b	oge 3 death		1.051	There	ncea B.	O'D	uniel	6 -1	9-1986 3:35AM	
Ĕ	of the p	77	3 SEX		4 RACE	MONI		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DATS HOURS MIN.	
	0.0	4 T	70 BII	RTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF WHAT COU	INTRY? 8	- 09 - 1908	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
	17.5	2/	Ne	RIH CAROLINA	US.	WIDOW		City	/ CO. MD	
s other	by the fa	\$5	198	OLTIMORE	11. NAME OF HOSPITAL, I BHOT IN SUCH FACILITY, GIV SALT I MORE	VE STREET ADDRESSE	1- 11	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY	
1	T	25	13a. S	ARULAND 136 OUT			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI 4920 IVA	NHOE AVE 21212	
1	10		14 FA	THER'S NAME	MIDDLE O'DE	ANIEL	ERNESTI		Williams	
Contractor and	Pages 1	medical		/AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIA	AL SECURITY NO.	CHART	ADDRESS		
of figure	physics	moral ment, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA			e Heart	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
8 4	ading of	of c			DUE TO, OR AS A COM	NSEQUENCE OF				
-8	move move	100		Conditions, if ony, which gave rise to immediate	(b)					
10	by the	other		couse (a), stating the underlying cause last	DUE TO, OR AS A COM	NSEQUENCE OF				
doires *	Then ple	njory, or	NO	PART 2 OTHER SIGNIFICANT		NG TO DEATH BU	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITI	ON GIVEN IN PART 110	
he for	hos tre	3	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				IB. IF YES, WERE FINDINGS USED  I CERTIFYING CAUSES OF DEATH?  YES NO NO	
ICIAN. T	cote	entol Hygie Rem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
JG PHYS	offending ter this case the bur hond Me	5	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
TENDIN	TOR: Af for use a			220 I certify that (1) (this hasp sow the deceased alive an abave, (1) (we) (did) (did no	- 101	1986	, 17	ta6 - 100 death accurred on the date of	1 , 19 5 6 , that (1) (we) Jast and have and from the couses stated	
3	SE SE			22b. SIGNATURE			DEGREE		224. DATE SIGNED	

TO FUNERAL DIREC should be detoched with the State Dept. IMPORTANT: If Hem TO HOSPITAL OR PRBUTUS MEM. PK. 23b DATE 230. BURIAL, CREMATION, REMOVAL 6-23-86 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

1721-27 N. MONROE ST.

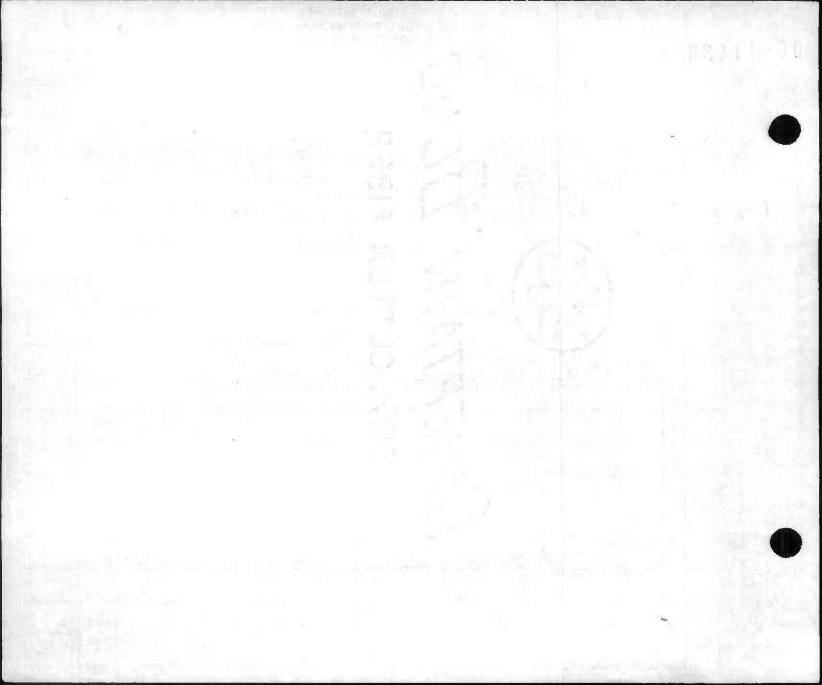
8-19-86

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING

(VRA 15, 4)



STATE OF MARYLAND

1,00

.

100

-1

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. 1050 York Road



48280-00

7 77

Note that we said the cost of substitute of the cost

The country of the second seco

1.1. Tr.,-m

V ----

0	-	0	7	7	l
DIVISION OF VITAL RECORDS, 201 W PRESTON ST. BALTIMORE MARYLANDS 120		"NOING PHYSICIAN" he law requires that the death certificate be executed within	OR After this certificate has been signed by the ottending physician and completely little and the ottending physician and the ottending physician and completely little and the ottending physician and the ottending physici	r use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the most partial design of the please active to buriol commences.	recommend mental by the principle of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 70 DATE OF DEATH (TYPE OR PRINT) SR. Samuel OwinGS 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) BLACK MONTH Male 98 26 HE BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED MARYLAND RALTIMORE WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1 AND ALLETOWN LTYPE OF WORK FOR MOST OF WORKING LIFET BALTO. CO. GEN. HOSP. PRINCIPAL JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE BALTO, MD. 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Marylance 4436 PALLMALL RD. 21215 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE SAMUEL MAGGIE OWINGS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 4436 PALLMALL ROAD 166 SOCIAL SECURITY NO 17 MERSANT LIF YES, GIVE WAR OR DATEST 214-40-5596 NO FLORENCE P. OWINGS BALTIMORE, MO. 21215 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY MUCHEDIAI Plante INFARCTION IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse fost CERTIFICATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES ] 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from JUNE sow the deceased glive on JUNE 27 above (p) (we) (find) (did not) view the body ofter death. and that in (a) (our) apinion death accurred on the date and hour and from the causes stated

DEGREE

ATTENDING PHYSICIAN 22e ADDRESS

COCHTIZY

Baltimore

MEDICAL STAFF DIRECTOR PHYSICIAN 22r. DATE SIGNED JUNE 274 1986

23a BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM, PARK

OS=PHSON

23d LOCATION CITY OR TOWN

BALTIMORE

YEAR

86

IF LINDER I VEAR

7b HOUR

PUBLIC SCHOOLS

SYDNOR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1045 M

BURIAL 11 NOTTOER SONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY BALTO, MD, 21216

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECT should be detached from with the State Dept o

give varidon-pondette

1 attignt Live Committee of the Committee Marin Trans. Trans. James J. James J. A. Lander